

CHANNEL 5

Information

Your Name: _____

Address: _____ Telephone: _____

Program Title: _____

Program Length: _____ minutes _____ seconds

When would you like your program shown? _____

Are you willing to play your own program? Yes No

May Channel 5 make a copy of your program? Yes No

May Channel 5 add titles to your program? Yes No

Would you donate your program to Channel 5 for future use? Yes No

Was any Channel 5 equipment used to produce your program? Yes No

Does your program start with a disclaimer? Yes No

Does your program end by identifying the producer? Yes No

Guidelines

1. Read and sign the statement below. THIS SIGNED STATEMENT MUST ACCOMPANY ALL SUBMITTED VIDEOTAPES.

I understand that the Federal Communications Commission prohibits the broadcasting of illegal material, which includes, but is not limited to, material that is slanderous, obscene, depicts sexually explicit conduct, solicits or promotes unlawful conduct, or is an infringement of copyright.

I further understand and accept that I am solely responsible for the content of this program and that to the best of my knowledge this program contains no illegal material and that Channel 5, its volunteers, and the City of West Branch are not liable for any damages caused by this program.

Signed: _____ Date _____

Parent, or Guardian, if under 18:

2. Label your tape or disk with your name and program name. Channel 5 is not responsible for any damage caused to your tape or disk. Make and keep a copy for yourself.

Return to Channel 5 in the West Branch Public Library, 300 N. Downey Street, West Branch, IA 52358

For Office Use: Played by _____ Player # _____ Date(s) played _____