



Hastings Community Television Application For Channel Time

Residents/Independent Producers:

Please submit in person with current photo ID

Non-Profit & Govt Agencies:

You may submit by mail but please call us prior

Name of Applicant (and org. if applicable) _____

Address _____ Hastings, MN 55033

Daytime phone _____ Email _____

Program Title _____

Program Length _____ hr _____ min _____ sec

Brief Description _____

I, the undersigned, am a current resident of Hastings, MN. I am thoroughly familiar with the contents of the program material requesting to be broadcast on a channel operated by Hastings Community TV and state herewith that the program:

- _____ 1) is not obscene, libelous, slanderous, nor an invasion of private or publicity right,
- _____ 2) is not a violation of applicable law, or an unauthorized use of copyrighted material,
- _____ 3) is not for commercial of profit-making purposes, and contains no commercials,
- _____ 4) is shown with all the necessary permissions obtained from persons appearing,
- _____ 5) is of value to the residents of Hastings, MN.

I understand that I may be criminally and/or civilly liable for programs cablecast as producer of the program which contains any prohibited materials listed above. I further state that I am fully responsible for any disputes arising out of the program contents including unauthorized use of copyrighted materials and do agree to indemnify and hold harmless the Hastings Public Access Corp, the City of Hastings, School District #200, Comcast, and the employees of the aforementioned organizations, in any such disputes. Any programs submitted will become the physical property of Hastings Community TV and will not be returned. I authorize the subsequent replay of this program at the discretion of the Hastings Community TV. False or misleading statements made herein will cause forfeiture of the right to access channel time, facilities and equipment for the Community Access Channels.

X _____ Date _____
Applicant's Signature

HCTV Staff Receiving _____ Date _____