

PROJECT PROPOSAL FORM

Date

PRIMARY PRODUCER		
NAME	ORGANIZATION	
CO-PRODUCER (if applicable)		
NAME	ORGANIZATION	
PROJECT INFORMATION		
PROJECT TITLE		
Is this a video? Or a podcast?		
LENGTH OF EPISODE (HH:MM:SS)		
NEW EPISODES ☐ weekly ☐ bi-monthly ☐ monthly ☐ # of Episodes	□ special	
PROJECT DESCRIPTION		
SUBJECT:		
Comedy	eumentary rative	OFFICE USE: In Isaac Final Submitted Date

617.965.7200 newtv@newtv.org newtv.org 23 Needham Street Newton MA 02461



AGREEMENT WITH RULES AND PROCEDURES

I have read, am familiar with and agree to abide by the Rules and Procedures of NewTV.

- I understand that the equipment and facility of NewTV shall be used solely for the production of local programming on the access channels.
- 2. I am thoroughly familiar with the nature of the program material and take full responsibility for its content.
- 3. I understand that the following material is prohibited for presentation on the access channels:
 - a. Any commercial programming or advertising
 - b. Any material which constitutes libel or slander
 - c. Any obscene material or pornography
 - d. Any unauthorized use of copyright material or publicity rights, and invasion of privacy
 - e. Any material in violation of FCC regulations
 - f. Any material which violates local, state or federal laws
- 4. I agree to obtain all necessary clearances and permissions from any and all organizations, groups and individuals as may be needed to tape and/or cablecast materials on the access channels.
- 5. I understand that I am ultimately responsible for all NewTV equipment and facilities that I use. I agree to fully cooperate with the NewTV insurance carrier in any claims. In the event carrier denies the claim, I agree to pay for the replacement of any and all equipment damaged or destroyed while signed out to me.
- 6. I understand I am responsible and agree to hold harmless the City of Newton, NewTV, Comcast, RCN, Verizon, their directors, employees or successors, for any liability, loss, cost or damage of any nature whatsoever which may arise by reason of any claim that any material cablecast or dissemination by me infringes or violates any rights of any person or organization.

SIGNATURE			DATE
NAME			ID#
ADDRESS			ZIP
PHONE	CELL		
EMAIL			
If member is a minor, signature of parent/ guardian is required			
NAME		RELATIONSHIP	
SIGNATURE		PHONE	

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