



Single Program Cablecast Request Form
PLEASE PRINT LEGIBLY OR SHOW MAY NOT AIR

Producer: _____ Date: _____

Program Title: _____

Program Description: (40 words or less)

Home Phone: () ____ - _____ Cell Phone: () ____ - _____

Email Address: _____@_____

Program Length: ____:____:____ (hh:mm:ss) (estimated)

Is this to be a live program? Y / N

If program is live will it be a feed or produced in our studio? FEED / STUDIO

Date(s) & Time(s) Requested:

You get two slots.

Day or Date: _____ Time: ____:____ am / pm CCRN / CCTV

Day or Date: _____ Time: ____:____ am / pm CCRN / CCTV

Start Date: _____ *Stop Date: _____

***If no stop date is requested, program will run for 1 month and end. December 31st is cut off date.**

Would you like your videos to be available on-demand via our website service?

Y / N

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- Does this program contain material that is inappropriate for children or that may be offensive to some viewers as defined by the Media Central Policies & Procedures? Y / N
- Does this program contain violence to either humans or animals? Y / N
- Does this program contain nudity? Y / N
- Does this program discuss or depict sexual conduct, excretory activities or organs? Y / N
- Does this program contain profane language? Y / N

I certify that no advertising, lottery nor lottery information, nor obscene, nor slanderous nor libelous material nor other form of illegal speech is contained in this program. I request that this program be shown on Campbell County Media Central (Media Central) channels. I authorize the subsequent replay of this program at the discretion of Media Central. I have obtained all the appropriate clearances for authorization to transmit program material over the Public Access Channels. I accept full responsibility for the content of the program and the consequences of its every presentation. I am familiar with the Media Central public access rules, I have read the rules, I understand the requirements contained within the rules and will comply with them. I hereby indemnify and hold harmless Media Central, the Campbell County Cable Board and the communities it represents, Insight Communications & Cincinnati Bell, their officers, directors, employees, agents and representatives from any and all liability, damage, injury and judgments arising from or in connection with any claim, as set forth within the Media Central Policies & Procedures.

Date: _____

Producer/User's Name: _____

Producer/User's Signature: _____

Parental/Guardian Consent (if producer is under 18)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Media Central Staff Approval Section:

Approved / Denied

Signature: _____

If approved, fill in information below:

Day: _____ Time: ____:____ am / pm CCRN / CCTV

Day: _____ Time: ____:____ am / pm CCRN / CCTV

Start Date: _____ Stop Date: _____