Application for Presentation

Public Access Channel 17

Date: ____________________

Name: ____________________

Street Address: ____________________ City: __________ Zip: __________

Home/Cell Phone: (_____)_________________ Work: (_____)_________________

Email: ____________________

- Is a Non-Profit organization sponsoring this program? Organization: ____________________
  - Authorization Letter: ☐ Already on file ☐ Submitted with this form

PROGRAM TITLE ____________________

- Single ☐ Series - Episode Title/#: __________
- Weekly Series ☐ Bi-Weekly Series ☐ Monthly Series

TOTAL RUNNING TIME __________:________:________

hours minutes seconds

Timeslots requests (There is no guarantee that preferences can be accommodated)

1st Choice: Day __________ Time: __________

2nd Choice: Day __________ Time: __________

3rd Choice: Day __________ Time: __________

Please pull this program ____________________

PROGRAM ORIGIN: Which one best describes where you program was produced?

- ☐ with CTN equipment ☐ with your own or borrowed equipment/within the state ☐ elsewhere

PROGRAM CATEGORY: Circle which best describes your program

- Alternative Lifestyles/Entertainment/Religion/Spiritual/Arts/Ethnic/Cultural/Seniors/Disability Issues/Political Affairs/Sports/Youth/Other: __________

PROGRAM STYLE: Circle which best describes your program

- Animation/Magazine Format/Talk Show/Variety Show/Documentary/Music Video/Theatrical/Performance Instructional/Public Service Announcement/Video Art/Other: __________

Program Description: ____________________

Your program must comply with these requirements:

- Each submission must contain EXACTLY 4 seconds of black both immediately preceding & also following the program.
- Each submission must be in the STANDARD DEFINITION (SD) format (720x480, 4:3, NTSC).
- Only one program per DVD.
- If CTN equipment was utilized to produce this program, CTN may duplicate the program for its archives at staff discretion.
- Pick up must occur within 30 DAYS of notification. CTN reserves the right to recycle or dispose of any program left after that date.
- CTN is not responsible for loss of or damage to submitted programs.

Please initial here _____ indicating that you understand and agree to the following statements.

Staff Use Only - Received by: __________ Date: __________ New RVC: Yes ☐ No ☐ RVC Verified: Resident ☐ NPO ☐

Category: __________ Codes: __________ Library #: __________

Presenter Notified: __________ Premiere Date: __________ Replay Times: __________

More Replay Times: ____________________
MATURE CONTENT DISCLOSURE
The City of Ann Arbor, the Cable Communications Commission, and CTN encourage you to STOP A MOMENT AND THINK: Your program will be telecast to more than 100,000 households throughout the greater Ann Arbor area. There are children in many of these households, and their television viewing habits may or may not be closely supervised. If this program contains adult content, it will be scheduled in CTN’s mature audience timeslots. This section must be completed. If a box is not checked, the form will not be considered complete and the program will not be scheduled.

YES / NO
☐ ☐ Extreme Violence: Extreme acts of violence against people; graphic depictions of violent acts; images or sounds of violent human or animal mutilation, torture, or death.

☐ ☐ Nudity: Human nudity that depicts sexual intercourse, masturbation, anal sex, oral sex, sadomasochism, or human excretory functions.

☐ ☐ Sexual Content: The depictions or simulations of sexual acts, sexual intercourse, masturbation anal sex, oral sex, or sadomasochism.

If you answered “no” to all of the above questions in the Mature Content Disclosure, please skip to “Programming Liability and Indemnification Agreement.” If you answered “yes” to any of the above, you must check one of (and only one of) the boxes below.

☐ I acknowledge that my program contains adult content and understand that it will be scheduled only in the CTN mature timeslots.

☐ Although my program contains adult content, because of the artistic and/or educational nature of this program I request that it be telecast in any timeslot and not limited to the CTN mature timeslots.

PROGRAMMING LIABILITY AND INDEMNIFICATION AGREEMENT:

a. The program presenter, and those involved in the production of the program, are responsible for the program content. The City is not responsible for reviewing any program, and the telecasting of a program in no way insulates those involved in the production of the program from criminal or civil liability for the content of the program.

b. The CTN production equipment, facilities and channels may not be used for the presentation or production of advertising material designed to promote the sale of commercial products or services. CTN production equipment, facilities, and channels may not be used for the dissemination of any information, directly or indirectly, involving lotteries as defined in Section 76.213 of the Rules of the Federal Communications Commission.

c. Federal law provides that any person who transmits programming not protected by the U.S. Constitution over cable systems may be fined or imprisoned. Program presenters may be subject to significant civil and/or criminal liability under federal, state, and local laws regarding libel, slander, obscenity, incitement, invasion of privacy, copyright violation or violations of other similar laws. CTN channels may not be used to present material which violates federal, state, or local law.

d. Program material that directly solicits for funds is prohibited.

Program presenters assume complete liability for the content of the programming they present, and to the maximum extent permitted by law, defend, indemnify and hold harmless the City of Ann Arbor, Community Television Network, any franchised cable operator, or any of their employees, officers, or agents from any and all claims which may arise from the telecast of a program. I have read the requirements and regulations; I understand them and agree to be bound contractually by them.

Presenter’s Signature: ____________________________ Date: __________________

AS A DIVISION OF THE CITY OF ANN ARBOR ANY DOCUMENTS SUBMITTED TO CTN ARE SUBJECT TO RELEASE UNDER THE FREEDOM OF INFORMATION ACT.

NOTE: This document is a legally binding contract.