



ACCESS AGREEMENT

1. I agree to all requirements, responsibilities and restrictions as put forth in the Comcast PEG Access Operating Procedures.
2. As a Producer or Sponsor, I assume responsibility for the content of programming and agree that such program material will not include: obscene material, lottery or lottery information, advertising, solicitation of money, material which constitutes libel, slander, invasion of privacy or publicity rights, violation of trademark or copyright, or content which might violate any local, state or federal laws.
3. I agree to obtain all approvals, clearances, or licenses for the use of program materials including, but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performer's representatives, persons appearing in the program material and any other approvals that are my responsibility as Producer or Sponsor.
4. Comcast channels, equipment, or facilities shall not be used for financial gain or any commercial purpose.
5. I will not represent myself as an employee, representative, or agent of Comcast or any of its brands.
6. I will not use Comcast logos / branding without permission.
7. I indemnify and hold Comcast harmless against any claims, damage, or liability arising out of the content of the program material that I submit, or any breach of this Access User Agreement; including, but not limited to, any claims in the nature of libel, slander, invasion of privacy or publicity rights, noncompliance with applicable laws and unauthorized use of copyrighted material.
8. Violation of any of these operating procedures is grounds for termination of Access User privileges with Comcast.

Print Full Name:		
Street Address:		
Town & Zip:		
Email Address:		
Best Phone Number:		
Organization / Non-Profit (if applicable):		
Organization Address: Street, Town & Zip:		
Signature or E-signature: <i>(must be signed by a parent or guardian, in the case of a minor)</i>		Date:
<i>I hereby assign all rights and releases from liability to the producer(s) and/or Comcast for the recording, reproduction, exhibition, telecasting, and distribution of my visual image and voice for non-profit use. (initial or sign) _____</i>		
Staff Use Only		
Access User	Access Producer	Program Sponsor
<i>Circle One to verify ... Access User's address verified by ID / DL / Utility Bill / Other: _____</i> Approved by:		

CHANNEL TIME REQUEST			
Program Title:			
Program Length:		Circle One:	<i>Special Weekly Series Biweekly Monthly</i>
Please Indicate Two Choices of Preferred Days and Times for Program Airing (subject to availability)			
First Choice (day and time):		Second Choice:	
Signature or E-signature: <i>(must be signed by a parent or guardian, in the case of a minor)</i>			Date: