



2018-2019 PROGRAM REQUEST FORM

Fill out completely and sign on the reverse side to agree to the FRCMedia rules and procedures. No program will air without a completed, signed form.

PROGRAM TITLE _____

PRODUCER'S NAME: _____

ADDRESS: _____

CITY/STATE _____ ZIP _____

PHONE _____ PHONE 2 _____

E-MAIL _____

WEBSITE: _____ FACEBOOK: _____ OTHER: _____

MAY WE SHARE YOUR CONTACT INFORMATION WITH THE PUBLIC? YES NO

FREQUENCY: _____ LENGTH _____

WILL THIS PROGRAM BE RETURNED TO THE PRODUCER? YES NO

DESCRIPTION OF PROGRAM:

For TV producers who do not live in Fall River, please provide the following information on a local sponsor:

FALL RIVER CONTACT NAME: _____

ADDRESS: _____

CITY/STATE _____ ZIP _____

PHONE _____ PHONE 2 _____

E-MAIL _____

PRODUCER AGREEMENT

As the producer I, the undersigned, represent to Fall River Community Media (FRCMedia) that the program I am producing meets the criteria for programming as defined in the FRCMedia rules and procedures and that I have viewed and agree to follow the FRCMedia rules and procedures. I accept full responsibility for the content of the program.

I agree to hold Fall River Community Media, (including its employees and agents), the City of Fall River, Bristol Community College, and Comcast harmless against any and all liabilities, claims, demands, or damages, including reasonable attorney fees, resulting from the broadcasting, on cable television or online, of the program submitted by me whether or not the program was reviewed by Fall River Community Media prior to broadcast. I understand that violation of the FRCMedia rules and procedures may result in the suspension and/or termination of my program.

I represent that the program submitted by me is noncommercial and does not violate any applicable law or regulations or Bristol Community College policy.

PRODUCER SIGNATURE _____ DATE _____

F.R. CONTACT SIGNATURE _____ DATE _____
(IF PRODUCER IS NOT A F.R. RESIDENT)

STAFF APPROVAL _____ DATE _____

FOR STAFF USE ONLY

DAY _____ *TIME* _____

FIRST AIR DATE _____