



Program Proposal

Producer Request/Indemnification Form

Section #1						
Name:			Email:	Email:		
Phone #:			Today's	Today's Date:		
Section #2						
Title:						
Length:	30:00 60:00 90:00		Reques	Request Production Dates/Times:		
Portable:		Studio A:	Studio	B:	Editing:	
Section #3		I			1	
Program Descri	ption:					
Be sure to include, location host, & guests in brief description. Attach any permits or releases needed for this production.						
QATV Assistan	ce: (if needed	d)				
Sets, supplies, and	d staffing.					
Also include any underwriters.	potential					
Names of the ce	ertified crew i	needed for your produc	tion.			
Producer			Camera 1_			
Director			Camera 2_			
Audio			Camera 3_			
Graphics			Set Up _			
Signature:				Date:		
PLEA	SE BE SUR	E TO SIGN THE IND	EMNIFICATI	ON FORM FOU	ND ON THE BACK.	
(Office Use Only) Certification Date:		Releases:		Indemnification:		
Approved: Not Approved: _		ason:				

Revised 8.8.07



PRODUCER AGREEMENT AND INDEMNIFICATION

I,	as producer/distributor of the video tape program
titled:	
agree to indemnify and hold harmless Q i Television), its officers, directors, emplo	ontent for cablecast on the Quincy Access Television channel. I hereby uincy Telecommunications Corporation, Inc. (dba Quincy Access byses, and agents, the City of Quincy, and the Comcast Corporation incurred as a result of cablecasting this program. I warrant and represent
	sing of material designed to promote the sale of commercial products or a behalf of candidates for public office;
2.) Any material that is obscene, indece	ent, or an invasion of privacy;
3.) Any material concerning lottery infe	formation, gift enterprise or similar scheme;
4.) Any material requiring union residunless those payments have been execu	lual, or other payment including but not limited to talent and crew ited or waived;
5.) Any material that is slanderous, lib	elous or made unlawful by a law instituted by a governmental body;
6.) Any material that is copyrighted or licenses or other permission.	subject to ownership or royalty rights without necessary releases,
	ision (QATV), prior to the cablecast of the program with copies of any as set forth in Section 6, Prohibitions & Clearances in our Policies and et to the program.
Further, I agree to release Quincy Acces program(s) is damaged, lost, or stolen when the control of the contr	ss Television (QATV) and its employees from responsibility if this hile in their custody.
PRODUCER:	
ORGANIZATION:	
ADDRESS:	
PHONE:	
Quincy Telecommunications Corporations	s, Inc.
DDOCDAMMING STAFE.	DATE