



Public Access Channel Program Information and Release Form

Program title: _____

Program type (circle one): Sports Children's
 Educational Entertainment
Other: _____

Program content: _____

Length of program: _____min Program format: DVD-R

Frequency (circle one): Single submission Weekly Monthly

Contact name/organization: _____

Street address: _____

City/State/ZIP: _____

E-mail address: _____

Daytime phone: _____ Evening phone: _____

The television program I am asking to broadcast **contains none of the following:**

- advertising or lottery information.
- obscene, slanderous or libelous material.
- unauthorized copyrighted material.
- any material that defames any racial, ethnic, sexual, age, disabled, source of income, or religious group or any individual member of such group.
- any advocating of violence, or words which are designed to invoke violence.
- any deliberate misinformation which may result in harm to any individuals.
- any noncompliance with applicable federal, state and local laws and regulations.
- any promotion for candidates for public office.

This program has all appropriate clearances for broadcast over the public access channel. I have requested that this program be shown on the City of Fargo's Public Access Channel. I understand that if the above program submitted by me contains any content described above, it is not authorized by the City of Fargo and I may be subject to civil suit or criminal prosecution. I accept full responsibility for the content of the program and the consequences of its presentation. I hereby indemnify and hold harmless the City of Fargo and its employees and agents from all liability, damage, injury, and judgments arising from or in connection with any claim relating to the broadcast of this program.

I have read and agree to the above terms.

SIGNATURE: _____ DATE: _____

GUARDIAN (if under 18): _____ DATE: _____

This is a public record and will be available for public inspection.