



Fargo Access Channel Program Sponsorship Application

Program title: _____

Program type (circle one): Weekly Bi-monthly

Length of program: _____

Sponsor name: _____

Street address: _____

City/State/ZIP: _____

E-mail address: _____

Daytime phone: _____ Evening phone: _____

I have received a copy of the Fargo Access Policies; I have read them and agree to abide by them in their entirety. I request that the program listed above be shown on the City of Fargo's Access Channel. I attest that I have been a City of Fargo resident for at least 60 days and live in the Fargo city limits. I am not aware of any content in the program I am submitting that violates any of the Fargo Access Policies.

I agree to have my contact information provided to viewers who wish to contact me directly with questions or comments about this program. I also acknowledge and agree to the following:

I have obtained all appropriate clearances for broadcast of this program over the Fargo access channel. This includes but is not limited to clearances from broadcast stations, networks, sponsors, music licensing organizations, performers' representatives, authors, composers, people shown in the program, and any persons whose material is used in whole or part.

I understand that any program I submit that violates any access channel policy is not authorized by the City of Fargo and I may be subject to a civil lawsuit or criminal prosecution.

I accept full responsibility for the content of the program and the consequences of its presentation.

I 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 the program submitted for broadcast.

SIGNATURE: _____ DATE: _____

GUARDIAN (if under 18): _____ DATE: _____

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