



# **CMC Cablecast Request**

Community Media Center  
 1301 Washington Road  
 Westminster MD, 21157  
 410-386-4415  
 requests@carrollmediacenter.org

*Please PRINT clearly, and make sure all submission guidelines are met.*

**Program Title** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Producer/Sponsor's Name** \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Category:**  Entertainment  Government  Educational  Religious  Other

**Total Running Time** (Hour:Minutes:Seconds): \_\_\_\_\_

**Provide Synopsis (to promote the series):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who is your target audience? \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Proposed Time Slot:\*  Mornings  Afternoons  Evenings

*CMC will do our best to accommodate your desired air times, but we cannot make any guarantees.  
**Programs must be submitted at least 2 weeks prior to scheduled air date.***

I, as Producer/Sponsor, am thoroughly familiar with the contents of the program material and agree that it will not contain any of the following:

- Obscene or indecent material
- Any lottery, advertisement or information concerning any lottery
- Commercial messages designed to solicit money or other things of value
- Paid political endorsements
- Scrolling crawl or ticker across the screen (static lower 3rds, credit rolls excluded)
- Material that violates local, state, or federal statutes

The CMC reserves the right to air any program containing sensitive material after the hour of 11:00 PM.

I have obtained all approvals, clearances, licenses, releases, from broadcast stations, networks, sponsors, music licensing organizations, performers' representatives, copyright holders, and with limitation from the foregoing, any and all other approvals as may be necessary to transmit program material through the **Community Media Center (CMC)**. I understand the **CMC** reserves the right to request copies of the aforementioned permissions, and that failure to provide these permissions will result in the cancellation of my program.

I agree to indemnify and hold harmless the **CMC & Comcast** against any claims arising out of any use of the program material that I submit for cablecast. I understand that this program is produced for a non-commercial cablecast through the **Community Media Center (CMC)**. I shall not use the channels, equipment, or facility for any financial gain or other commercial purposes.

I agree to pay the cost of replacement or repair of any **CMC** equipment resulting from damage, negligence, misuse, or theft while equipment is in my possession or control. I agree that I shall not represent myself as an employee, representative, or agent of the **CMC**.

I understand that the **CMC** receives requests to copy programs after broadcast, and I give my permission to make copies of my program material, on request. I give my permission to the **CMC** to post my program material, at its discretion, to its web sites, and social media platforms, **unless specifically declined below**.

Do **NOT** copy program     Do **NOT** post program in its entirety, or in part, to any **CMC** originated web site.

Do **NOT** post program in its entirety, or in part, to any **CMC** originated social media platform.

I understand that the **CMC** is required to hold a copy of my program for 90 days, but does not archive outside or community produced productions. Any program(s) not picked up immediately after the first 90 days may be discarded. The **CMC** reserves the right to archive programs it determines to be of general interest, which may be used for repeated cable and web distribution.

\_\_\_\_\_ **Initials**

By signing this Cablecast Request, I agree to abide by the *Guidelines and Procedures* of the **Community Media Center (CMC)** and the terms hereby stated in this document.

If Program is produced for a Non-Profit Organization please have them approve with signature, or if Producer is a minor, please have a Parent or Guardian sign.

Producer/Sponsor or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Non-Profit (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Staff \_\_\_\_\_ Date \_\_\_\_\_