



The Public Channel

PUBLIC CHANNEL PROGRAM PROPOSAL

To be produced by a member of the public and telecast on CATS Channel 7

Community Access Television Services
303 E. Kirkwood Ave. 812-349-3111 (phone)
Bloomington, IN 47408 812-349-3112 (fax)

This proposal should be submitted as far in advance as the production date as possible.

(Please Print or type this form)

Name _____ Date _____

Address _____ Library Card # _____

Telephone (H) _____ Telephone (W) _____

Organization (if any) _____

Contact Person Name _____ Phone Number _____

Program Title _____

Description (or attach outline or script) _____

Location of Taping _____ Requested date and time of Taping _____

Who will be taped? _____ Have they agreed to be recorded and telecast? _____

Who will tape the program? _____ Have they been trained by CATS? _____

Please Note: Proposals will be approved or disapproved on the basis of availability of staff, space, equipment, and library policy. Raw footage, edited master and all copyright privileges remain the sole possession of Community Access Television Services. Any other arrangements must be submitted in writing to the Director of CATS before the production or edit date.

You must call CATS at 349-3111 to check on the status of your proposal. We will not call you.

The following release must be signed before taping can begin

I agree to accept responsibility for any liability arising from the content of this program, or program series which I hereby present to Community Access Television Services (CATS). Additionally, I agree that within this program, there are no forms of unprotected speech (i.e. invasions of privacy, fighting words or hate speech, child pornography, obscenity or libel/slander). I have obtained all necessary licenses, copyright authorizations, and statements of release. ***I agree to the use of my name and phone number and/or address in the end credits of any program I produce or submit to CATS for telecast.*** I agree to release and indemnify CATS and the Monroe County Public Library from any responsibility or liability arising from my use of CATS*. I have read the Policy Packet and understand all policies regarding my use of CATS. Additionally I agree that I will not represent myself as an employee or staff member of CATS.

Signed _____ Date _____

You must be at least 18 years old to sign

Office Use Only

Approved _____ Date _____

Not Approved _____ Comments: _____