



Davis Community Television

# Sponsor's Statement of Compliance

1. I have read and am thoroughly familiar with Davis Media Access' (DMA) Rules and Policies.
2. I will be responsible for all program material to be cablecast on my behalf, and state that:
  - (a). Neither a lottery nor lottery information will be cablecast;
  - (b). No advertising material will be cablecast;
  - (c). No obscene material will be cablecast;
  - (d). Arrangements and clearances will have been obtained from broadcast stations, networks, sponsors, music licensing organizations, performers' representatives and any other persons, natural or otherwise, necessary to authorize transmission of program material over the cable system; and
  - (e). In the case of a live cablecast, I will take reasonable measures to ensure compliance with the above requirements.
3. I understand that I am criminally or civilly liable for performing material which contains advertising, a lottery or lottery information, or obscene material in violation of the DMA Rules and/or any applicable local, state or federal law.
4. In recognition of the fact that neither DMA nor its staff are censoring the content of my public access channel cablecasts, I agree to indemnify and hold harmless DMA its staff from any and all liability or other injury (including reasonable costs of defending claims or litigation), arising from or in connection with claims for failure to comply with any applicable laws, rules, regulations or other requirements of local, state or federal authorities; for claims of libel, slander, invasion of privacy or the infringement of common law or statutory copyright; for unauthorized use of any trademark, trade name or service mark; for breach of any contractual or other obligations owing to third parties by DMA; and for any other injury or damage in law or equity which claims result from my use of a public access channel on the cable television system.
5. I agree not to make any claim against DMA or its staff as a result of any of the following: DMA's loss, destruction or damage to videotape programming; or DMA's failure or refusal to cablecast the program or to cablecast it at the scheduled time. I hereby waive and release any such claims against DMA or its staff and represent that the program has no economic value other than the value of the videotape on which it is recorded. Should loss, destruction, or damage occur to a sponsor's videotape, DMA will replace the videotape with a new, blank tape of equal value.
6. In consideration of DMA's giving permission for me to enter upon and/or use its production facilities, I do, on my own behalf and for my heirs, successors and legal representatives hereby release and forever discharge DMA, their agents, employees, shareholders, members and directors from any and all claims, actions, demands or causes of action on account of my death or injury which may occur from any cause while on DMA's premises or while using the DMA's production facilities, including but not limited to any claims, demands or causes of action of the type referred to in California Civil Code Section 1542, which provides:

"A general release does not extend to claims which the creditor does not know to exist in his favor at the time of executing the release, which if known by him must have materially affected his statement with the debtor."
7. I agree that at no time will I or others involved in production of a public access program represent ourselves as employees, officers or staff of DMA.
8. I authorize DMA to give out my phone number and/or email to anyone asking about the show I am sponsoring.
9. I will identify myself to individuals asking about the program I am sponsoring.

# Sponsor's Statement of Compliance

**Staff Instruction:**

1. Make sure name is printed clearly.
2. Make sure address information and phone is complete.
3. Be sure to sign as a witness.

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Sponsor's Signature Print Name Date

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Parent or Guardian's Signature Print Name Date  
(if sponsor under 18)

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Witnessing DMA Staff Person Date

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Name of Program Being Sponsored

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Address (street, city, zip)

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Phone Email

**Staff Use Only**

Access Number:

Date Entered:

Entered by: