



Volunteer's Statement of Compliance

1. I have read, understand, and agree to Davis Media Access' (DMA) Rules and Procedures, which incorporates DMA's Code of Conduct.
2. I must maintain current contact info with DMA, in order to use the equipment or facilities, volunteer on productions or for events, or to submit, sponsor or maintain programming.
3. 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 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 the 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.
4. I acknowledge that there are additional rules and regulations that must be submitted to in order to broadcast on KDRT 95.7 LP-FM.
5. I understand and agree that that I must sign an equipment checkout form each time I borrow or check out equipment for use, and that I am financially responsible for borrowed or checked out equipment returned in damaged condition (other than normal wear and tear), or equipment which is lost or stolen.
6. I understand and agree that I am criminally and/or civilly liable for performing material that contains advertising, a lottery or lottery information, or obscene material in violation of DMA Rules and/or any applicable local, state or federal law.
7. 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 and 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.
8. 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 any media upon which I submit programming; DMA's failure or refusal to cablecast the program or to cablecast it at a specific or 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 media on which it was submitted if the media was retained by DMA. DMA will only be liable for the replacement of lost or damaged physical media with new blank media of equivalent value.
9. In consideration of DMA 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, its 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 DMA's production facilities, or using DMA's equipment, including but not limited to any claims, demands or causes of action of the type referred to in California Civil Code 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 off known by him must have materially affected his statement with the debtor."
10. I agree that at no time will I, or others I involve in the production of public access programming or the creation of material broadcast on KDRT 95.7 LP-FM, represent ourselves as employees, officers, staff of DMA. I agree I will make clear I am a volunteer.
11. I will identify myself to individuals being recorded.
12. I agree to allow DMA to use all or part of public access programs I produce for promotional purposes, including cablecast and no-charge closed circuit presentation.

Staff Instructions:

1. Make sure names are printed clearly.
2. Make sure address information, email & phone is complete.
3. Be sure to sign as a witness.

Volunteer's Signature

Date

Volunteer's Name Printed

Volunteer's Address (Street, City, Zip)

Volunteer's Email + Phone (required)

Parent or Guardian's Signature (if volunteer under 18) Date

Parent or Guardian's Name Printed

Witnessing DMA Staff Signature

Date

Staff Use Only - Date Data Entered:

Entered by: