



Volunteer Producer's Statement of Compliance

1. I have read and am thoroughly familiar with Davis Community Television's Rules and Procedures.
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 financially responsible for equipment returned in damaged condition (other than normal wear and tear), or equipment which is lost or stolen.
4. 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 DCTV Rules and/or any applicable local, state or federal law.
5. In recognition of the fact that neither DCTV nor its staff are censoring the content of my public access channel cablecasts, I agree to indemnify and hold harmless DCTV 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 DCTV; 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.
6. I agree not to make any claim against DCTV or its staff as a result of any of the following: DCTV's loss, destruction or damage to videotape programming; or DCTV'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 DCTV 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 video producer's videotape, DCTV will replace the videotape with a new, blank tape of equal value.
7. In consideration of DCTV 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 DCTV, 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 DCTV's premises or while using the DCTV'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."
8. 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 DCTV.
9. I will identify myself to individuals being videotaped.
10. I agree to allow DCTV to use all or part of public access programs I produce for promotional purposes, including cablecast and no-charge closed-circuit presentation.

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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.
4. **Photocopy Driver's License or Student ID and staple to this.**

Volunteer Producer's Signature Print Name Date

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

Witnessing DCTV Staff Person Date

Address (street, city, zip)

Phone Email

May we place your name and phone number(s) on the "Active Volunteer Producers" list, a list available to other community members looking for assistance with other DCTV projects?

YES NO

Staff Use Only

Access Number:

Date Entered:

Entered by: