



Public Access Corporation of DC  
 Ph: (202) 526-7007 | Fx: (202) 526-6646  
**Program Submission Form**  
 Please Complete All Information. (Please Print)

**Staff Use Only**

Date of Request: \_\_\_/\_\_\_/\_\_\_

Method Received:  DCTV  E-Mail  Fax

Show ID: \_\_\_\_\_ Assigned By: \_\_\_\_\_ Kill Date: \_\_\_/\_\_\_/\_\_\_

Rejected Explanation: \_\_\_\_\_

**INDIVIDUAL MEMBER #** \_\_\_\_\_

**ORGANIZATION MEMBER #** \_\_\_\_\_

Individual Name: \_\_\_\_\_  
First Name Last Name

Organization Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Designee name: \_\_\_\_\_  
First Name Last Name

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Describe role, check one:*     **Executive Producer**    **Time Slot Sponsor**    **Producer**

**Submission Request:**

<input type="checkbox"/> <b>Dub Request</b> Source/Master Format: <input type="checkbox"/> DVCam <input type="checkbox"/> DVD Destination Format: <input type="checkbox"/> DVCam <input type="checkbox"/> DVD Quantity: _____	<input type="checkbox"/> <b>Show Promo</b> Promo Length:    ___ Min ___ Seconds Kill Date:        ___/___/___
<input type="checkbox"/> <b>Single Program Request</b> Requested Month for Telecast: _____	<input type="checkbox"/> <b>Series Program Request</b> Requested Date for Telecast: ___/___/___

**Program Information:**

Program Title: _____ _____ Episode Name: _____ _____ Program/Episode Description: _____ _____	Program Record Date: ___/___/___ Length: _____ Hour _____ Min _____ Seconds Produced at DCTV? <input type="checkbox"/> In Whole <input type="checkbox"/> In Part Produced Elsewhere? <input type="checkbox"/> Adult Content? <input type="checkbox"/>
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**I, the undersigned, hereby warrant and represent to DCTV that regarding any and all program matter submitted by me, to DCTV for cablecast:**

1. The transmission of the program matter will not: (a) violate any applicable, local state or federal law, regulation or other requirement; (b) constitute libel, slander or invasion of the privacy of any person; (c) infringe any copyright, or the rights of any holder of any trademark, service mark or trade name; or (d) be inconsistent with policies of DCTV as set forth in DCTV Producer's Manual, a copy of which I have received.

2. I accept full responsibility for the total content of the program matter submitted for telecast. I recognize that any review or examination by DCTV of the program matter submitted by me shall not constitute an approval by DCTV of such material nor a waiver of any of its rights set forth in this agreement.

3. I acknowledge that as soon as I learn of a claim or legal action against me or DCTV regarding such cablecast, I must immediately notify DCTV of this claim or action and defend all claims or actions to which paragraph 112 of this Agreement applies. Further, I agree to conduct this defense at my own expense and direct my attorney to cooperate with DCTV. DCTV shall have the right to participate in and control this defense and to retain this own attorneys at my expense.

4. I understand that I must obtain all releases, licenses, parental consent for minors and permissions, if any, which are required in connection with the rights of any holder of copyright or performing talent rights in the programs which I am submitting, and I will be responsible for any licenses and fees owing to any third parties as a result of such programming.

5. I understand that DCTV or any cable television system involved in the origination or carriage of DCTV programming shall have no liability of any kind if there is a failure to carry all or any part of my programs at the specified time.

6. I will notify DCTV in advance if I am submitting any program matter of cablecast which requires special scheduling or the possibility of exclusion from the schedule such as violence, profanity, nudity, depiction or sexual acts or other adult content.

7. I acknowledge that I have read thoroughly and understand the contents of DCTV's Producer's Manual, particularly that pertaining to programming. I hereby agree to be bound by the terms set forth in this document.

8. I am submitting program matter as the party having the full rights to enter into this agreement.

9. No modification, amendment, extension or waiver of this agreement will be binding upon me or DCTV unless in writing and signed by me and DCTV.

10. I hereby agree to indemnify, protect and hold harmless DCTV, its offers, directors, employees and agents, and the cable operator upon whose system the program matter is carried, from and against any and all claims, demands, actions, damages, costs, expenses or other liabilities, including but not limited to attorney's fees, for the following: a breach of any of the provision contained herein; libel, slander, invasion of privacy or infringement of copyright; failure to comply with any applicable law, regulation or other requirement of local, state or federal authorities; unauthorized use of trademark, trade name or service mark; breach of contractual or other obligations owing by me to third parties; and any other injury or damage in law or equity arising or alleged to have arisen as the result of the cablecast of such program matter : \_\_\_\_\_

Initial

11. I understand that, after acceptance by DCTV, this document is non-transferable.: \_\_\_\_\_ Initial

12. I understand that false or misleading information furnished by me constitutes ground for forfeiture of the rights to use DCTV equipment, facilities and services.: \_\_\_\_\_ Initial

**Acknowledgement of Responsibility**

I understand and agree, in accordance with DCTV Producer Manual, that by requesting this program to be telecast, I am (or the member organization I represent is) an access channel producer, and therefore fully responsible for content of the program when telecast, whether or not I actually produced the program myself. I am (or the member organization I represent is) fully liable for all claims arising from unauthorized use of copyrighted material or any other charges of unlawful conduct and will hold harmless the Public Access Corporation of DC (DCTV), its directors, officers and staff. I have obtained the necessary releases to have this program telecast.

Signature: \_\_\_\_\_ Resident? OR Non-Resident? [check one]

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# VOLUNTEER DATA SHEET

This form must be submitted with program proposal for **each completed** program/episode created and/or submitted.  
 DCTV-certified Producers must log all names and hours for volunteer crew positions.  
 This ensures that volunteers receive proper credit, and DCTV can track accordingly.

Producer name / Member ID: \_\_\_\_\_/\_\_\_\_\_

Show name / Episode name: \_\_\_\_\_/\_\_\_\_\_

Check the positions utilized, and write name(s) and hours served in the areas provided:

<input checked="" type="checkbox"/>	Producer: _____ or _____	Hours: _____
<input type="checkbox"/>	Director:	Hours: _____
<input type="checkbox"/>	Technical Director:	Hours: _____
<input type="checkbox"/>	Cameraperson:      Studio?                      or                      Field?	Hours: _____
<input type="checkbox"/>	Cameraperson:	Hours: _____
<input type="checkbox"/>	Cameraperson:	Hours: _____
<input type="checkbox"/>	Set Design:	Hours: _____
<input type="checkbox"/>	Set & Light:	Hours: _____
<input type="checkbox"/>	Audio:	Hours: _____
<input type="checkbox"/>	Teleprompter:	Hours: _____
<input type="checkbox"/>	Character Generator:	Hours: _____
<input type="checkbox"/>	Editor:	Hours: _____
<input type="checkbox"/>	Production Assistant:	Hours: _____
<input type="checkbox"/>	<b>Other:</b> COMPUTER GRAPHICS	Hours: _____
<input type="checkbox"/>	<b>Other:</b> WEB DESIGN	Hours: _____
<input type="checkbox"/>	<b>Other:</b> SOCIAL MARKETING	Hours: _____
<input type="checkbox"/>	<b>Other:</b> MAKE-UP / HAIR / STYLING	Hours: _____
<input type="checkbox"/>	<b>Other:</b> MARKETING & PROMOTION (NON-WEB including events)	Hours: _____
<input type="checkbox"/>	<b>Other:</b> TALENT & GUESTS (total hours for all)	Hours: _____

<input type="checkbox"/>	Other: (Please write in:)	Hours:
<input type="checkbox"/>	Other: (Please write in:)	Hours:

HOW WAS YOUR CREW OBTAINED? (CHECK ALL THAT APPLY):

<input type="checkbox"/>	CREW CALL E-MAIL
<input type="checkbox"/>	DCTV WEBSITE
<input type="checkbox"/>	DCTV STAFF
<input type="checkbox"/>	OTHER MEMBER RECOMMENDATION
<input type="checkbox"/>	OTHER: _____