

Hibbing Public Access Television

211 E. Howard Street P.O. Box 712 Hibbing, MN 55746 (218) 263-7557

Cablecast Submission Form

This form must be submitted for each program scheduled to be cablecast on HPAT by Monday prior to the week of the program's cablecast

The taped program must accompany this form except in the case of timely programs or other exceptions

Title of Program _____ Date_____

Producer is a _____Resident _____Nonresident

Organization / Institution Name / Representative / Program Submitter

_____ Address_____

_____ Phone_____

Program Duration ____Hours ____Minutes____Seconds

Brief description of the program (15 words or less)_____

I have read and understand Hibbing Public Access Television's operating rules. I certify that the program submitted has no obscenity nor any commercial material. I assume full and complete responsibility for the program's contents. I further understand that if I use material produced by someone other than myself, I have enclosed a waiver of copyright to use this material, and I assume full responsibility for any disputes arising from my unauthorized use of copyrighted material. HPAT reserves the right to not air a program that is known to not have been produced by the submitter, unless submitted with a waiver of copyright use. I agree to hold Hibbing Public Access Television and any of its employees, officers, Board of Directors, the City of Hibbing, and Mediacom etc. harmless from any and all liability or injury arising from my use of the access channel, for any damages arising from such use, including libel and/or copyright infringement. I understand that Hibbing Public Access Television is not responsible for damage to tapes while they are cablecast. I further agree to pick up any tapes within 30 days of cablecast or it may become the property of HPAT.

Producer / Submitter (Print Name)

Signature