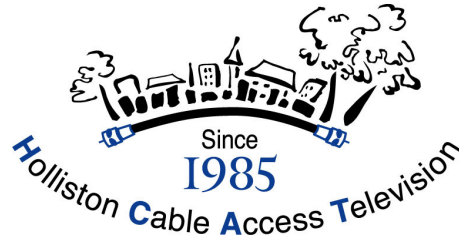


# HOLLISTON CABLE ACCESS, INCORPORATED

Post Office Box 6623  
Holliston, Massachusetts 01746  
508-429-8979

Board of Directors  
Doug Hart  
Jenny McGee  
Walter McGrath  
Linda Ramrath  
William Riley  
Phil Rubin  
Barry Sims



Dear Holliston Resident:

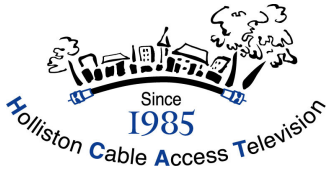
Thank you for participating in our community by offering residents a program that you feel would be of interest. Our main objective at HCAT is to encourage residents to use our facilities.

We would ask that you review and sign the attached form. Since HCAT did not produce the program that you are recommending, we want to be sure that you have reviewed it, are authorized to allow airing on our facility and that no copyright laws have been violated. Virtually all access systems require a form similar to this one.

Again, we want to applaud your interest, while maintaining our responsibility to keep within legal bounds and maintain the high standards that Holliston expects.

Sincerely,

Jenny McGee  
President



# Holliston Cable Access, Inc.

P.O. Box 6623, Holliston, MA 01746

## External Video Broadcast Request Form

Holliston Cable Access Incorporation (HCAT) exists to encourage Holliston residents to participate in the development and production of local television programming to be broadcast on HCAT's Public, Education, & Government access channels. HCAT gives priority and preference to material produced and presented by Holliston residents. However, Holliston residents may request the broadcast of external video material (not an HCAT production) but are required to indemnify HCAT against any liability of copyright infringements, plagiarism, unfair competition or other infractions. This is not a unique request; virtually all Massachusetts public access cable programs require this type of indemnification.

This form should be submitted to the Program Manager who will review the program for the minimum requirements of technical quality. If found air-worthy, the external material will be reviewed by the HCAT Board of Directors. If accepted by the Board, the program will be scheduled at HCAT's discretion.

- 1) I understand that:
  - I am fully responsible for all external programming material submitted
  - My name will be placed at the beginning and end of the broadcast as the sponsor of an external material
  - I will ensure that if the external material is a taping of a local government meeting(s) that the content has not been altered in any way and contains the entire meeting except for any recess or other non-meeting related activities
  
- 2) I have read and am familiar with and agree to abide by the HCAT policies for external material, and to the best of my knowledge this external material does not contain any:
  - commercial advertising or programming.
  - obscene, indecent or profane materials
  - any direct solicitation of funds without first receiving permission from the HCAT Board
  - material which constitutes libel, slander, invasion of privacy or publicity rights, unfair competition, violation of trademark or copyright, or which might violate any local, state, or federal law.
  
- 3) I agree to hold harmless HCAT, Comcast, Verizon, and the Town of Holliston, their directors and agents (and their successors) from any liability, loss, claim, cost or damage of any nature whatsoever which may arise by any reason of any claim that any external material produced, cablecast or disseminated by me infringes the rights of any person or organization. Further I agree to release HCAT and its agents from responsibility if this program(s) is damaged, lost, or stolen while in their custody.

NAME (must be over 18) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Phone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Program Title \_\_\_\_\_

Topic \_\_\_\_\_ Format \_\_\_\_\_

**Board of Directors Approval** \_\_\_\_\_ **Date** \_\_\_\_\_