

MEDIA DISTRIBUTION RELEASE FORM (Producer)

As Producer of the Program _____,
I, _____ accept full responsibility for content of the Program
submitted for distribution by Wallingford Public Access Association Inc. (**WPAA**).
Program Length: ____/____ Run Thu Date: __/__/__

[] Check if program was produced with **WPAA** community resources.

I hereby agree to indemnify and hold harmless, **WPAA** and its partners, affiliates, officers, directors, employees, volunteers and agents from and against liability, damages and expenses (including legal fees) arising out of any and all claims incurred as a result of distribution.

I warrant and represent that the Program was produced with appropriate arrangements to obtain all copyright and other clearances and rights from, broadcast stations, networks, sponsors, music licensing organizations, performer's representatives, and any and all persons or entities as may be necessary to lawfully distribute the program.

I warrant and represent that the Program does not contain content that:

- ✓ includes solicitation of funds or advertising (promoting the sale of commercial products/services *including web addresses with products for sale*)
- ✓ is obscene, indecent or an invasion of privacy or slanderous
- ✓ is a lottery, gift enterprises or similar schemes
- ✓ Requires union residual or other payments including but not limited to talent and crew unless those payments have been executed or waived.

[] Check if Program will be picked up within 30 days. **I agree** that **WPAA** assumes no risk and makes no guarantee regarding the safety of the submitted program media. I hereby release and agree to indemnify and hold harmless **WPAA** from responsibility if the Program and/or any related materials are damaged.

I agree that **WPAA** shall not be liable to me for any failure of **WPAA** to distribute the Program as scheduled. The remedy for failure to distribute the Program is to distribute at another time.

I understand that **WPAA** is relying upon this Agreement and its representations for legal distribution of the Program. **I agree** that I am bound by **WPAA** Program Policy including FCC regulations and provisions of the Communications Act of 1934, as amended. **WPAA** may prohibit my further use of **WPAA** facilities, and channels should I violate any terms of this agreement.

_____ (signed)
About the **USER** (person submitting form) _____ - date /initials WPAA agent rec'd

Name	
Affiliation (if applicable)	
Evening Telephone	
E-mail address	
Mail Address	



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This information must comply with Policy Document publicly noticed here:
http://7towntv.org/WPAA_Forms/WPAAUserPolicy_br0309.pdf