

App # \_\_\_\_\_



Date Received:	
Time Received:	
PTV Staff Initial:	

## People TV Inc. Channel Time Application STUDENT

All required information must be completed before this application will be accepted and stamped with the date and time of receipt. Applicants (Producers) claiming "STUDENT" status must provide "ORIGINAL" current documents as proof. A driver's license, state issued ID, and/or valid University Student ID. Your Channel Time Application and proof of current enrollment status must be personally submitted to Playback in Broadcast Operations.

Applications will be processed using the date and time on this form. All resident producers using the People TV facilities to create programs/content must provide People TV the First Play of all programs and approved by management prior to use on any other content provider. In order to use the production facility you must be INTRODUCTION certified.

People TV application fees must be paid in form of money order, cash, or cashier check. Paypal may be used as well. NO PERSONAL CHECKS will be accepted.

**\*\*\*\*\*CHANNEL TIME APPLICATION FEES ARE NON-REFUNDABLE\*\*\*\*\***

**Note: If this form is altered in any way it will invalidate the form and jeopardize your status as an Active Producer.**

1.) Program Title: \_\_\_\_\_

2.) Producer: \_\_\_\_\_

3.) Non-profit Organizations only: Agent Name \_\_\_\_\_  
(Agent must fill out separate form for Organizational Agent and include it along with a letter on the Organization's letterhead, signed by the appropriate officer designating the Agent to act in their behalf).

4.) Student?  Yes **Application Fee \$25.00**

5.) Applicant Address\*: \_\_\_\_\_

\* All Post Office Boxes will be treated as Non-residents

6.) City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ \*City Council District \_\_\_\_\_  
\*Fulton County Commission District \_\_\_\_\_ \*Required for all City of Atlanta/Fulton County residents.

7.) Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_  
**\*Must provide current and active email**

8.) List People TV Certifications and date received:

Introduction \_\_\_\_\_  Location \_\_\_\_\_  Edit \_\_\_\_\_  Independent Producer.

9.) Name and Address of Academic Institution: \_\_\_\_\_  
\_\_\_\_\_

10.) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

11.) Does your program contain strong language? If yes, it will be on the schedule after 1:00am.  Yes  
 No

12.) List time slot preferences: Day 1) \_\_\_\_\_ Time 1) \_\_\_\_\_  
Day 2) \_\_\_\_\_ Time 2) \_\_\_\_\_  
Day 3) \_\_\_\_\_ Time 3) \_\_\_\_\_

13.) Give a brief description of your program on next page of this application. **\*REQUIRED**

14.) You **MUST** check one in each column to describe your Program:

<b>Producer's Demographic Information for Grant Purposes:</b>	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60 & UP
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other

Length	Runs	STUDENT FEE	_____	Format	Program Status
<input type="checkbox"/> 28 minutes	Special	\$25.00		<input type="checkbox"/> MPEG-2	<input type="checkbox"/> New Program
<input type="checkbox"/> 58 minutes	Special	\$25.00		<input type="checkbox"/> DVD	<input type="checkbox"/> Re-Application
Non-Traditional	Special	\$25.00		<input type="checkbox"/> FTP	
Approx. TRT: _____					

By my signature I acknowledge all information provided herein to be true and accurate and I agree to comply with the People TV Producer and Volunteer Handbooks which I have reviewed and understand, including the required Minimum Technical Standards and Submission Requirements.

Signature \_\_\_\_\_ email address \_\_\_\_\_ Date \_\_\_\_\_

Brief description of program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ, INITIAL, AND SIGN BELOW:

\_\_\_\_\_  
*Except as otherwise provided by law and pursuant to the State of Georgia's Sunshine Laws and the Open Records Act (O.C.G.A. §§ 50-18-70 through 77), this document and the information contained within are public records and may be reviewed and/or inspected by the public upon request.*

\_\_\_\_\_  
**I HAVE RECEIVED AND REVIEWED "THE MEDIA SPECIFICATION GUIDE "AND "THE PROGRAMMING STANDARDS CRITERIA."**

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

**Box Below for Office Use Only**

**Proof of Residency/Enrollment Status (one required each season)**

- GA Driver's License \_\_\_\_\_
- CURRENT AND VALID STUDENT ID \_\_\_\_\_
- Notarized Residential Lease \_\_\_\_\_
- State issued ID/Voter Registration Card (with current street address) \_\_\_\_\_

Show synopsis received: \_\_\_\_\_yes \_\_\_\_\_no

Non-profit Organization Agent form received: \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_not required

Outstanding Balance Due: yes \_\_\_\_\_/Amount Due \$ \_\_\_\_\_ no \_\_\_\_\_

Applicant Information Verified by: \_\_\_\_\_ Status: Active \_\_\_\_\_ Non-Active \_\_\_\_\_

Channel Time Awarded: \_\_\_\_\_Yes \_\_\_\_\_No

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## People TV Producer Agreement and Indemnification Form

I, \_\_\_\_\_, as the producer of the program/content titled

\_\_\_\_\_, accept full responsibility for the program/content submitted for use by People TV, Inc. and its third parties, including but not limited to: cable providers; state video providers; web, video on demand and streaming hosts. I hereby agree to indemnify and hold harmless People TV, Inc., its officers, directors, and employees; the City of Atlanta, its elected officials, officers, employees, agents and tenants; cable operators and state video providers, for the City of Atlanta; from liability, legal fees and/or expenses incurred as a result of my program/content. I warrant and represent that all programs/content submitted do not contain:

1. Any material which promotes the sale of any product or service, or any material which in whole or part depicts, demonstrates, or discusses products, services, or businesses with the intent or effect of benefiting or enhancing profit-making enterprises.
2. Any advertisement or other information concerning any lottery, gift, enterprise, or similar scheme offering prizes dependent in whole or in part upon lot or chance, or any list of the prizes drawn or awarded by means of any such lottery, gift enterprises or scheme.
3. Any direct or indirect solicitation of funds for any reason.
4. Any materials which would violate any federal or state statute, law or regulation.
5. Any material which is obscene, indecent or defamatory.
6. Any material that is copyrighted or subject to ownership or royalty rights without necessary releases, licenses, or other permissions.
7. Any material that is libelous, slanderous, defamatory or an unlawful invasion of privacy.
8. **Program sponsorships must be approved by People TV before production using People TV facilities/equipment.**

### Please initial each of the following:

\_\_\_\_\_ I agree to allow People TV Inc. the right of exhibition of the named Program/Content as submitted, in whole or in part, on any channel or in any media used by People TV, Inc. and its third parties, including but not limited to: cable providers; state video providers; web, video on demand and streaming hosts.

\_\_\_\_\_ I agree to provide People TV Inc., upon request, with copies of any releases, licenses, or other permissions as set forth above, obtained by me with respect to the program/content I submit.

\_\_\_\_\_ I agree to release People TV Inc. and its employees from responsibility if this program/content is damaged, lost or stolen while in their custody.

\_\_\_\_\_ I agree to have each episode turned in one week before the scheduled airdate.

\_\_\_\_\_ I agree to allow People TV Inc. and its third parties, including, but not limited to, cable providers; state video providers; web, video on demand and streaming hosts the right of First Play before exhibited in any other media.

\_\_\_\_\_ I agree to allow People TV Inc. to make a copy of my program/content for use by People TV Inc. and its third parties, including but not limited to: cable providers; state video providers; web, video on demand and streaming hosts.

**I swear that all information submitted on this application is true and accurate and should any changes occur with the information as supplied, I will promptly update a playback staff member at People TV.**

Done this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the city of Atlanta, Georgia (or other city as named below as my address).

\_\_\_\_\_  
Producer's Name

\_\_\_\_\_  
Organization's Name (when Non-profit Organization is the Producer)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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