



1151 Scott Lake Rd

Waterford, MI 48328

www.medianetworkofwaterford.org

RELEASE TO CABLECAST FORM

Name: _____ Phone: _____

Address: _____

Program Title: _____ TRT: _____

Episode Title: _____ Episode # _____

Program Description: _____

Tape Format: ___ VHS, ___ DVD, ___ Link

Requested date for first cablecast: ___/___/___ Time: _____

This program may be cablecast: ___ 6 times ___ until ___/___/___

Will the program be for a mature audience? ___ No, play anytime. ___ Yes, play after 11pm

Is this program produced by a Waterford resident/organization? ___ Yes or ___ No

If the above program is produced by a non-Waterford resident/organization it will be considered outside programming and will be required to submit a letter from a Waterford cable subscribing resident, stating they would like this program broadcast on the Waterford Public Access Channel. The producer will be required to re-submit a new letter once a year to continue broadcasting with Media Network of Waterford.

Media Network of Waterford DOES NOT censor any programs aired on channel 10 Comcast, AT&T 99 or On Demand. By signing this form you are stating your responsibility for any misuse of your show and are held accountable for any complaints that may arise.

Signature: _____

Print Name: _____