



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: _____