

TIME WARNER CABLE COMMUNITY ACCESS

Cablecast Agreement - Form A

Name of Program Producer (please print)

Address

City, State, Zip

Day Phone

Evening Phone

Organization Represented (if any)

I have read, understand and agree to abide by the Time Warner Cable Public Access Rules. I further indemnify Time Warner Cable against any and all claims, expenses, damages, and obligations that may arise directly or indirectly from any legal action resulting from or out of the cablecast of my program, and any injuries, etc. that may occur through my participation in Time Warner Cable Public Access.

Signature

Date

Time Warner Cable's Community
Programming Representative

Date

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Playback Request - Form B

Program Producer (please print)

Phone _____

Address _____

City, State, Zip _____

Group Represented _____

Program Name _____

Program Length _____ **Series: yes or no**

Requested Cablecast Date and Time _____

Does this program contain nudity? (circle one) (yes) (no)

Does this program contain adult-oriented language? (circle one) (yes) (no)

Programs containing nudity and/or other adult oriented language will be restricted to playback times between midnight and 5:00 a.m.

I do hereby state that the above program does not violate any copyright laws and complies with all Time Warner Cable Public Access guidelines and I am the Program Producer.

Program Producer's Signature

Date

FOR OFFICE USE ONLY

Program reviewed by: _____

Program Discrepancies: _____

Day & time program is scheduled to air:

Day: _____ Time: _____

This form must be filled out and submitted for playback on Time Warner Cable community access. Any program submitted without a playback form will not be cablecast. In the case of series a single form will suffice.