



ACCESS USER AGREEMENT

1. I have read, am thoroughly familiar, and responsible for the contents of the GPAT Wave Channel 5 Access Operating Procedures.
2. If I am the Producer, I will be responsible for the content of program material to be recorded and/or cablecast and agree that such program material will not include:
 - a. any obscene material;
 - b. any lottery or lottery information, except where exempted under these rules;
 - c. any advertising
 - d. any direct or indirect solicitation of money, except where exempted under these rules;
 - e. any material which constitutes libel, slander, invasion of privacy or publicity rights, violation of trademark or copyright, or which might violate any local, state or federal law.
3. I acknowledge that the Producer or Program Sponsor is responsible for obtaining all approvals, clearances, licenses, etc. for the use of those program materials; including, but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performer's representatives, persons appearing in the program material and any other approvals that might be necessary in order to cablecast the program on GPAT Wave Channel 5.
4. I indemnify and hold GPAT Wave Channel 5 harmless against any claims arising out of any use of the program material that I cablecast or any breach of this Access User Agreement; including, but not limited to, any claims in the nature of libel, slander, invasion of privacy or publicity rights, noncompliance with applicable laws and unauthorized use of copyrighted material.
5. I agree that I shall not represent myself or any other person involved in programming as an employee, representative, or agent of GPAT Wave Channel 5, unless specifically authorized by GPAT Wave Channel 5 to do so.
6. I understand that I may be liable for the costs of any repair or replacement of equipment or materials resulting from damage beyond reasonable wear and tear through normal use, misuse, or theft while such equipment or materials are in my possession or control. I understand the penalties that apply if equipment or materials are not returned on time. I also indemnify GPAT Wave Channel 5 against any damage or liability incurred while using the equipment.
7. I shall not use GPAT Wave Channel 5, equipment, or facilities for any financial gain or other commercial purposes. I understand that programming produced with Comcast's equipment or facilities shall be for the benefit of the community.
8. I understand that violation of the terms of this statement is grounds for forfeiture of the right to use GPAT Wave Channel 5, equipment, facilities or channel time.
9. I have been instructed on how the access equipment I am borrowing is to be safely handled, including the storage and lifting of it in and out of my vehicle and/or dwelling.

Access User <i>(Please print, sign and return with proof of address)</i>		
Print Full Name:		
Full Address: Street, Town & Zip:		
Email (if applicable):		
Primary Phone Number:		
Alternate Phone Number (if applicable):		
Organization & Non Profit ID # (if applicable):		
Organization Address: Street, Town & Zip:		
SIGNED <i>(if under 18, must be signed by a parent or legal guardian)</i>		Date:
Staff Use Only		
Circle One to verify ... Access User's address verified by ID / DL / Utility Bill / Other: _____		
Approved by:		Date:

SPONSORS AND PRODUCERS WILL NEED TO FILL OUT A CHANNEL REQUEST FORM TO SUBMIT A PROGRAM FOR PLAYBACK.