



APPLICATION FOR CABLECAST AND INDEMNIFICATION FORM

Producer's Name _____ **Today's Date** _____

Series/Movie Name _____

Episode Name _____ **Run Time** ____:____:____

Start Date _____ **Kill Date** _____ **Mature Content? Yes/No** _____

Episode Name _____ **Run Time** ____:____:____

Start Date _____ **Kill Date** _____ **Mature Content? Yes/No** _____

Episode Name _____ **Run Time** ____:____:____

Start Date _____ **Kill Date** _____ **Mature Content? Yes/No** _____

Episode Name _____ **Run Time** ____:____:____

Start Date _____ **Kill Date** _____ **Mature Content Yes/No** _____

Episode Name _____ **Run Time** ____:____:____

Start Date _____ **Kill Date** _____ **Mature Content? Yes/No** _____

Note: Cablecast times may change due to live events, technical problems, and emergency programming. Because of limited storage space, show files will be deleted from our broadcast server after 90 days following the show's kill date. By signing below, you are agreeing to these terms and accepting full responsibility for the content of your television show and/or movie. Shows featuring mature content are broadcast after 10pm. Thank you for your cooperation!

Producer's Signature _____

Producer's Email Address _____

Producer's Phone Number _____