

Was this program locally produced?

- Yes No

Would you be willing to serve as a volunteer staff member for NLTV?

- Yes No

Program type:

- Arts Cultural Entertainment Instructional
 News Public Affairs Religious Sports
 Other: _____

Date event occurred: _____, _____, _____
Month Day Year

Please write a brief description of your program: _____

Program Talent (include correct spelling and titles): _____

In consideration of being permitted to use the facilities of NLTV to cablecast

_____, I release, waive, and discharge NLTV, the North Liberty Telecommunications Commission and the City of North Liberty from all liability to me, my personal representatives, assigns, heirs, and next of kin for any and all losses or damages and agree not to sue the City of North Liberty for any claims or demands including but not limited to claims based upon negligence, defamation, invasion of privacy, infringement of common law or statutory copyright which claims result from or in any manner related to the use of NLTV channel space, video and/or audio facilities and equipment or other NLTV resources.

I agree to indemnify, defend and hold harmless NLTV, the North Liberty Telecommunications Commission and the City of North Liberty from and against any and all claims or other injury (including reasonable cost of defending claims or litigations) to persons or property arising out of the failure to comply with NLTV's guidelines, any applicable laws, rules, regulations, or other requirements of local, state, or federal authorities, for claims of libel, slander, invasion of privacy, personal injury, or infringement of common law or statutory copyright, for breach of content or other injury or damage in law or equity which claims result from the use of NLTV channel space, video and/or audio facilities and equipment or other NLTV resources.

I have read and agree to comply with NLTV guidelines.

Program Producer/Provider

Producer/Provider's Signature Date

I certify that I am the parent or guardian of the above producer/provider, _____, a minor under the age of eighteen years of age. I hereby agree to assume legal responsibility for his/her activities referred to in this Program Provider Agreement.

Parent/Guardian of Minor Date

Submit this form with your program to:

NLTV
PO Box 77
520 W. Cherry St.
North Liberty, IA 52317

Thank you for choosing to show your program on North Liberty's own access channel, NLTV!