



Video Submission Form

484 Broadway, Everett, MA 02149 Phone: 617-394-5044

1. I, as an active member of Everett Community Television, have read, am familiar with and agree to abide by the policies of ECTV.
2. I understand that the material I submit will be used for programming on ECTV's Public, Educational and/or Government access channels.
3. **Presentation of Programming:**

The undersigned known herein as the "Producer" or "Sponsor" agrees that the broadcast through ECTV meets, but is not limited to, the following criteria:

- The material may contain "Advisory Material," and is stated on the submission form, as well as at the beginning and end of the video.
- The material contains no commercial advertising material.
- The material contains no unauthorized use of copyrighted material.
- The material is supported by accurate releases, copyrights, and/or parental releases for minors.

The Producer/Sponsor agrees to take full responsibility for the broadcast on Everett Community Television and agrees to indemnify and hold harmless, Everett Community Television and its employees, Comcast and its employees, and the City of Everett, its Directors and Employees. The Producer/Sponsor is responsible for any claims brought on by the actions of a Producer, guests, or audience members. If Producer is not an Everett resident, then he/she must have an Everett resident to sponsor program in order to air on ECTV.

Name of Show/Topic: _____

Submitted by (Circle One): • Producer • Resident Sponsor

Producer Name: _____ **Email:** _____

Address of Producer: _____ **Phone:** _____

Resident Sponsor Name: _____ **Email:** _____

Run Time/Length of Show: _____

Is this a...

- One time show
- Weekly
- Recurring show
- Bi-weekly
- Monthly

DIRECTOR ONLY:

- Approved // Airing Times: _____
- Denied // Explanation: _____

Revised: 01/2024