



Playback Request Form

Your Name: _____ Your Phone Number: _____

Your Email for playback notification: _____

Public contact information: _____

(Where can people get more information about this program)

Are you representing: Self, Non-Profit, Government or Educational Organization:

Name of Organization: _____

Program Information

Title: _____

Exact Length of this Program: _____ hours _____ minutes _____ seconds

Source: () Local Program () Imported Program

Format: () DVD *Note* DVD must have been recorded on DVD-R

() VHS or SVHS tape *Note* Tape must have been recorded in SP Mode

Check this box if this program contains any potentially offensive material (nudity, excessive swearing and/or excessive violence). If checked, this program will be scheduled to air ONLY after midnight.

Agreement

I certify that the information on this form is true. I agree to abide by the provisions of BKAT policies and procedures including those set forth in the current Policy Handbook. I have secured, or am able to secure, written permission for cablecast rights of all copyrighted material contained in this program(s). I assume full responsibility for any dispute arising from the cablecast of this material, including but not limited to legal disputes or community controversy. I agree to work to resolve those disputes and hold harmless Bremerton Kitsap Access Television and any of its funding entities, both individual and organizational, for any damages that I may incur from the cablecast of this program. I understand that potentially offensive material will air after midnight. I understand this tape will air no more than 4 times in one 6-month season. I agree to pick up tape/DVD within three months of final playback or program will be discarded. I agree that BKAT reserves the right to release information on this document.

(Signature)

_____/_____/_____
(Date)

(Please print name)

(Note: Parent or Legal Guardian of record must sign this agreement if Program Originator is under 18yrs of age.)

Office Use Only			
Date Received _____	Staff Initial _____	Date Picked up _____	Member Initial _____ OR
Date on schedule _____	Staff Initial _____	Date discarded _____	Staff Initial _____