



Program Release Form

Program Title: _____
(must be 25 characters or less)

Brief description of program: _____ Series Air Date: _____

Producer: _____ Length: _____ : _____ : _____
hr min sec

Address: _____ Phone #: _____

Email: _____

Date Taped: _____ Edit Date: _____ Kill Date: _____

Did you use DATV Equipment? _____	Falsifying information regarding Sexual Content or Nudity on this document will result in a 6 month suspension.
Do you give permission to give Viewers a copy of this program? Yes or No	Is this program suitable for children? Yes or No
	Does it contain Adult Language Yes or No
	Does it contain Sexual Content or Nudity? Yes or No
PLEASE CHECK ONE ONLY	
Is this an MPEG File: Yes or No	Office Use Only DVD# _____ MPEG Name: _____
MPEG File Name: _____	

I hereby request DATV cablecast my program on the Time Warner Cable public access channel 12. I have read the DATV Rules & Regulations and agree to abide by them. I have received releases or licenses documenting written permission for use of any and all copyrighted material or other material subject to ownership or royalty rights contained in this program. I assume FULL responsibility for any claims, demands, damages or other liabilities which may be made against me for the cablecasting of this program. I declare this program is technically sound and does comply with all DATV rules. I further declare this is an Independent Production, no remuneration was received for this program; if any sponsorships or grants were given for this program, I understand DATV is entitled to 25% of that support. If my program is not technically sound or does not comply with DATV rules it WILL NOT BE AIRED. I further realize that DATV may discontinue airing my program without notice.

Producer's Name: _____ Date: _____

PLEASE FILL OUT THE BOTTOM OF THIS FORM IF YOU WANT A COPY

____ YES, I want a copy of my program and will provide a tape within one week of today
No charge for first dub if you provide a tape.

____ NO, I do not want a copy. I realize my program will stop airing without prior notification.

Name _____ Cut # _____

Program Title: _____ Length _____

Dub Received By _____ Date: _____

revised: 3/12/08

Dubbed By: _____
Date: _____
Checked By: _____

Office Use Only DVD# _____
