

## AGREEMENT WITH RULES AND PROCEDURES

I have read, am familiar with, and agree to abide by the Rules and Procedures of Urbana Public Television.

1. I understand that the equipment and facilities of UPTV shall be used solely for the production of local programming on the PEG Channel.
2. I accept full responsibility for the program and its content.
3. I understand that the following material is prohibited for presentation on the PEG Channel
  - a. Any commercial programming or advertising
  - b. Any material which constitutes libel or slander
  - c. Any obscene material or pornography
  - d. Any unauthorized use of copyrighted material or publicity rights, and invasion of privacy
  - e. Any material in violation of FCC regulations
  - f. Any material which violates local, state, or federal laws
  - g. Any direct appeals for funds.
4. I agree to obtain all necessary clearances and permissions from any and all organizations, groups and individuals as may be needed to tape and /or cablecast material on the PEG Channel. By submitting material to UPTV for cablecast, I am certifying that I have fulfilled these obligations.
5. I understand that I am ultimately responsible for all UPTV equipment and facilities that I use. I agree to pay for the replacement of any and all equipment damaged or destroyed while signed out to me.
6. I understand I am responsible and agree to hold harmless the City of Urbana, Urbana Public Television, the cable provider, their directors, employees, or successors, for any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim that any material cablecast or disseminated by me infringes or violates any rights of any person or organization
7. I understand that payment of membership fees gives me only the privilege of participating in accordance with the Rules and Procedures. I have no contractual rights to enforcement or continuation of those rules in their present form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

If member is a minor, signature of a parent/guardian is required.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_