



## Statement of Compliance

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Municipality: \_\_\_\_\_ ID Verified: \_\_\_\_\_

**Please read carefully and sign below:**

I have read and understand Auburn Regional Media Access Policies, and agree to abide by them.

**As a Programmer, I understand and agree that:**

1. I bear sole legal responsibility for the content of all programs I submit.
2. I will not submit material that is commercial, obscene or otherwise illegal.
3. I will obtain all necessary clearances for material produced or controlled by others.
4. My name must appear in a title at the end of all my locally-produced programs.
5. I agree to allow my contact information to be made available to the public.
6. I will observe program submission rules, including program delivery and pickup requirements.

For systems with Auburn Regional Media Access Cable television production facilities only

**As a Producer, I understand and agree that:**

1. I accept responsibility for any loss or damage, other than normal wear and tear or pre-existing conditions, to Auburn Regional Media Access Cable equipment while it is in my possession.
2. Auburn Regional Media Access Cable equipment is to be used solely for the purposes of producing non-commercial programming for a public access channel.
3. Programs produced with Auburn Regional Media Access Cable equipment may not be distributed for profit for 1 year without the written consent of Auburn Regional Media Access Cable.
4. I have read current production facility usage rules and agree to abide by them, and will ensure that any crew or guests accompanying me do so as well.

I understand that failure to follow Auburn Regional Media Access Policies may result in my privileges to use these facilities being restricted or suspended.

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