

Program Submission and Playback

General

*This program submission and playback form is a requirement for the broadcast of your program. Completed forms should accompany all media submitted for playback. You may submit up to four programs from the same series per form. Complete both sides of the form, sign and return to BCAT with your program(s) – **please print or type.** To retain a timeslot, new programs must be submitted on a regular basis.*

Producer

Name		Date submitted	
Address	City	State	Zip
Organization <i>If applicable.</i>		Phone (home)	
E-mail		Phone (mobile)	
Sponsor <i>If applicable.</i>		Phone (sponsor)	

Program

<input type="checkbox"/> Series	<input type="checkbox"/> Special	<input type="checkbox"/> Short	<input type="checkbox"/> PSA	Do you have a timeslot? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program				<input type="checkbox"/> Do you want VOD availability for these programs?

1. Episode title			
Description		Date recorded	
		Running time	
2. Episode title			
Description		Date recorded	
		Running time	
3. Episode title			
Description		Date recorded	
		Running time	
4. Episode title			
Description		Date recorded	
		Running time	

Type *Check one.*

<input type="checkbox"/> Arts/entertainment	<input type="checkbox"/> Faith based	<input type="checkbox"/> Health/Wellness
<input type="checkbox"/> Information/education	<input type="checkbox"/> Multicultural	<input type="checkbox"/> Political/Legislative
<input type="checkbox"/> Public interest/community	<input type="checkbox"/> Senior	<input type="checkbox"/> Sports

Program format DVD MPG2/MP4

Is this mature material? Yes No **NOTE** Mature material, language, content, etc., require a disclaimer at the beginning. Your program will not be cablecast without this disclaimer.

Please complete other side.

Program continued

Disclaimers AL - adult language G - graphic portrayals None - none needed
Check all that apply. M - mature theme V - violent scene(s)
 MN - State of Minnesota disclaimer; reason _____

Airing requirements

BCAT airing requirements on Channel 16:

Programs must be labeled with the program name, exact running time, producer's name and producer's phone number. DVDs should include one program each and one or no menu for the program. DVDs should not include color bars or countdowns. MPG2/MP4 files must be mixed with 48khz stereo audio and be of the highest quality. The running time of 1/2 hour programs should not exceed 28:30. The running time of 1 hour programs should not exceed 58:30. Exceeding the runtime may delay or cancel the airing of your program.

DVD return

In accordance with BCAT's submission policy, BCAT cannot mail DVDs back to the producer without the producer submitting postage for shipping. **DVDs are due to be picked up a maximum of two weeks after the show airs. Programs not picked up may be discarded.**

How will your DVDs

be picked up or returned? Pick up personally Recycle Mail: Self-addressed, stamped envelope

Statement of compliance

I am thoroughly familiar with the contents of the programs I submit for playback on Bloomington Community Access Television, Channel 16. I certify that no advertising material or other commercial programming, lottery or lottery information, obscene material, sexually explicit conduct, material soliciting or promoting unlawful conduct, or indecent, slanderous or libelous material is contained in this program. I request that this program be shown on a City of Bloomington access channel. I authorize the subsequent replay of this program at the discretion of BCAT. I certify that I have obtained any and all clearances for the cablecast of this program from broadcast stations, networks, sponsors, music licensing organizations, performers, authors, composers and others, as required. I accept full responsibility for the content of this program and the consequences of its presentation. I acknowledge and agree that I am liable for any costs arising from the use of copyrighted or licensed materials. I have read the **Bloomington Community Access Television (BCAT) Rules of Operation**. I understand and agree to the rules and pro-

cedures surrounding the treatment of programming that violates the rules and hereby authorize BCAT to remove any programming that violates the rules. I hereby indemnify and hold harmless BCAT, the City of Bloomington, Comcast Cable and their respective officers, directors, employees, agents and representatives from any and all liability, damage, injury and judgments arising from the cablecast, playback or production of any programming or other claim as set forth in the **Bloomington Community Access Television (BCAT) Rules of Operation**. I further attest that I have truthfully completed this form.

Producer's signature

Producer's printed name

Date

Parent/guardian signature (if producer under age 18)