## **User Application**



(Please complete all information. Please print.)

First Name: Last Name:	Date:
Address:	
City:	State: Zip:
Cell Phone: Wo	rk Phone:
Email:	Proof of Residency Type:
<ul> <li>PRODUCER ENSURES:</li> <li>I promise to hold harmless Fayetteville Public Access Television, resulting from the production or distribution of any programs I p</li> <li>Libelous or slanderous statements.</li> <li>Material that violates U.S. copyright laws.</li> </ul>	its management, and the City of Fayetteville, for any legal action roduce, including but without limitation to:  • Material that violates community standards for obscenity.  • Unauthorized invasion of privacy.
PRODUCER UNDERSTANDS:  That the scheduling of any program thought to contain violations in the above areas will be delayed until the staff has conferred with me and considered any legal implications of showing the program.  That violations of the Fayetteville Public Access Television Policies may lead to loss of privileges.	<ul> <li>That any show containing advertising or direct appeal for commercial funds will not be telecast.</li> <li>That violations of these conditions in any program produce may result in cancellation of the program.</li> </ul>
<ul> <li>PRODUCER AGREES:         <ul> <li>To not represent myself as an employee of Fayetteville Public Access Television, but as an independent producer.</li> <li>That any video made using Fayetteville Public Access Television equipment will be made available for telecast by Fayetteville Public Access Television.</li> </ul> </li> <li>To take full responsibility for damage to the equipment while I am using it.</li> </ul>	<ul> <li>To not let persons who are not certified by Fayetteville Public Access Television use the equipment.</li> <li>That I have read, understand and will follow the policies of Fayetteville Public Access Television.</li> <li>That all of the information I have provided is true and verifiable.</li> </ul>
Signature:	Date:
How Did You Hear About Us?	
Parental Responsibility Statement (for Producers under the large to take responsibility for the above stated Indemnit	
	, and the second se
Printed Name:	Date:
Signature:	Relationship:
Phone:	Proof of Residency Type: