



LTV Request for Program Playback

Return Completed form to:
LTV 24/54
Anthis Career Center
1200 S. Barr St.
Fort Wayne, IN 46802

Or email to:
elizabeth.lordcary@fwcs.k12.in.us
fax: 260-467-1183

Name: Date Submitted: Phone #:

School/Organization: Email:

Address:

Title of Program:

Summary or description of Program:

EXACT length of program (Example: 28:14):

Program type: Single Program Program Series If series, number of programs:

How are you submitting the program(s): File via FWCS/LTV Folder File via Google Drive
 DVD-ROM (file on disc) DVD USB/Thumb drive

If music is used, is it copyright free? Yes No

If no, has proper legal clearance been obtained? Yes No

EVERY PROGRAM IS REQUIRED TO HAVE A PROGRAM TITLE, CREDITS AND DISCLAIMER. The LTV program disclaimer should read: "Views expressed do not necessarily represent those of the FWCS, LTV, Comcast, or Frontier."

I AGREE to be solely responsible for the content of any and all programs which I present on the education access channel (LTV). I have read and understand the rules and regulations of the education access center and agree to comply, and be bound by them. I have obtained all the necessary licenses, copyright authorizations, and statements of release. I AGREE to release the FWCS Education Access Television Center, Fort Wayne Community Schools, Comcast Cablevision, and Frontier singly and severally from any responsibility of liability arising from my use of the educational access channel and/or studio facilities, and from any liability to me occasioned by the unavailability of the staff and equipment at the scheduled times due to circumstances beyond the control of the FWCS Education Access Television Center, Fort Wayne Community Schools, Comcast Cable or Frontier. I understand that LTV reserves the right to duplicate any program for archive purposes. Producers under 18 years of age must have the signature of a parent or legal guardian.

Signature I understand that checking this box and typing my name above constitutes a legal signature confirming that I acknowledge and agree to the above terms.

Date

As supervisor of the aforementioned, I am aware and authorize the production of the program or program series described above. I understand this production will be cablecast on LTV, Comcast channel 54, Frontier channel 24.

Signature I understand that checking this box and typing my name above constitutes a legal signature confirming that I acknowledge and agree to the above terms.

Date