



Playback Application

Community Media Center of Marin

819 A Street, suite 21 • San Rafael, CA 94901 • 415 721-0636

Project / Series or Program Title: _____

Organization affiliated with program (if applicable): _____

Does this organization have 501(c)3 non-profit status or a fiscal sponsor? Please circle: **yes** | **no**

Short description of program (for our website and other program listings): _____

The information in this box will be used for internal purposes only:

Your name: _____

Home Address (required; must match proof of residence. No PO Boxes, see back): _____

Home Phone: () _____

Business: () _____

Fax: () _____

City: _____ State: _____ Zip: _____

e-mail: _____ website: _____

Do you plan to do a live show or submit prerecorded content? **live** | **prerecorded**

FOR PRERECORDED PROGRAMS ONLY

- Was this program sent to you from outside Marin County? Yes No
- Has this program been aired on Marin Public Access (channel 26) before? Yes No
- Does CMCM have your permission to use excerpts of this for promotional purposes? Yes No

FOR LIVE PROGRAMS ONLY (Note: Live program series will not be available until the second scheduling quarter - September 2009)

- Have you confirmed your live time with CMCM programming? Yes No
- Have you confirmed your crew and are they all certified by CMCM? Yes No
- Have you confirmed your studio reservation? Yes No

Type of program slot: (circle) **series** or **special** Total Running Time (TRT): **29:00 or less** | **59:00 or less** | **89:00 or less**

Series playback: **daily** | **weekly** | **bi-weekly** | **monthly** (a series fills a 13 week quarter, weekly = 13 programs, bi-weekly = 6, monthly = 3)

Desired Airtime: _____ am | pm **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday**

Start date: _____ Expiration date: _____

Comments/Suggestions: _____

Please check one (and only one) category that best applies to your show:

- | | | | | | |
|--|--|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Comedy | <input type="checkbox"/> Spiritual/Lifestyle | <input type="checkbox"/> International | <input type="checkbox"/> Educational | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Cultural/Ethnic | <input type="checkbox"/> Inspirational/Religious | <input type="checkbox"/> News/Public Affairs | <input type="checkbox"/> Health | <input type="checkbox"/> Children's |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Community | <input type="checkbox"/> G/L/B/T | <input type="checkbox"/> Political | <input type="checkbox"/> Seniors | <input type="checkbox"/> Youth (14+) |

Required for all shows: Please check one for your show or any episodes of your series:

- any time of day or night (G, PG, PG13)
- 10pm – 4am (PG-13, mild R)
- 1am – 4am (strong R, NC-17, X)

Programs intended for mature audiences (PG-13 or mild R) air at 10pm or later only, and those with very strong adult material (strong R, NC-17, or X) air at 1am or later only. Failure to choose the appropriate category for your show may result in your timeslot being changed without notice..

Viewers must be able to contact you in order to give you feedback, which may include questions, praise, and complaints. You must provide (1) a name and (2) at least one of the following: mailing address, phone number, or e-mail address. The information in this box will be given out to the public in case they call about your show. The producer name may be real or fictitious, but the contact information must be legitimate.

Name of person or organization to contact: _____

Public contact address: _____

Phone: () _____ e-mail: _____

Series only -- You may designate one person in addition to yourself to pick up and drop off your tapes for this show in case you are unable to do so: _____

FOR NEW APPLICATIONS

All CMCM producers must be Marin County residents age 18 or over (or have a parent/guardian sponsor). As proof of your identity and age, you must submit either a current California driver's license or other Photo ID. If your current home address is not printed on your photo ID, you must provide some other printed proof of residency such as a utility bill, bank statement, or voter registration. Personal letters and documents with handwritten addresses are not acceptable. Whatever document(s) you submit will be photocopied and kept on file for internal use only.

NOTE: In this start-up period, CMCM will begin processing verification of residence in June when DVD's are submitted for playback. You may submit this form in advance of your proof of residence.

By signing, I agree to all of the following (including conditions listed in the **CMCM Statement of Compliance**):

- To the extent allowed by law, to indemnify and save harmless CMCM, the County of Marin, the cable/video operators and any of their employees, officers, stockholders, etc. and the Board of Directors and staff of CMCM, from any and all claims, demands, damages or other liabilities which may be made against or arise out of the cablecast, streaming or other distribution of the program submitted by me. I am aware that Section 639 of the Federal Cable Communications Policy Act of 1984 provides that: Whoever transmits over any cable system any matter which is obscene or otherwise unprotected by the Constitution of the United States shall be fined not more than \$10,000 or imprisoned not more than 2 years, or both. Unless otherwise indicated, CMCM has my permission to use portions of my program for promotional purposes and to schedule my program additional times to meet channel needs. These warranties and representations are made by me in order that this program be cablecast, streamed or otherwise distributed free of charge on CMCM managed access channels. I accept full responsibility for the content of this program, and further warrant that I have the authority, as local producer, to submit this program for cablecast and streaming on the Internet.
- All of the information I have provided on this application is truthful and accurate.
- I am a resident of Marin County, age 18 or over (or have a parent/guardian sponsor).
- It is my responsibility to update any information pertaining to me that may change in the future.
- I am familiar with and will abide by all CMCM policies and procedures. I will also abide by any and all changes and/or additions there may be to these policies and procedures in the future.

Signature: _____ Date: _____