



Project #: \_\_\_\_\_

Fee has been paid: Y N

Radio Room Reserved By: \_\_\_\_\_

(Media Bridges Staff)

# CYBERCAST APPLICATION

Program Title: \_\_\_\_\_

Program Length: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Is this program: SERIES or SINGLE

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (p.o. boxes will not be accepted) Email Address \_\_\_\_\_

Organization's Name (if any) \_\_\_\_\_

I give Media Bridges permission to release my contact information? Y N Is this program/series locally produced? Y N

If no, does it contain a 10-second tag? Y N Is it dated material? Y N If yes, when should we stop running it? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has this program been broadcast through another outlet? Y N

**MEDIA BRIDGES RESERVES THE RIGHT TO SCHEDULE ALL PROGRAMMING IN ACCORDANCE WITH CURRENT POLICY.**

Programs identified by the producers as 'harmful to juveniles' must be preceded by an audio parental discretion advisory reading as follows: **PARENTAL ADVISORY:** 'The following program includes material found by the producer to be harmful to juveniles. Program contains mature subject matter or themes that may not be suitable for young audiences.'

## Program Subject:

- \_\_\_\_\_ Arts/Cultural Organization
- \_\_\_\_\_ Business/ Professional
- \_\_\_\_\_ Civic Group
- \_\_\_\_\_ Government Agency

- \_\_\_\_\_ Health
- \_\_\_\_\_ Labor Organization
- \_\_\_\_\_ Media Organization
- \_\_\_\_\_ Music

- \_\_\_\_\_ Religious
- \_\_\_\_\_ School
- \_\_\_\_\_ Social Service

continue application

## OFFICE USE ONLY

|                       |   |
|-----------------------|---|
| <u>SERIES</u>         |   |
| WEEKLY<br><br>MONTHLY | DAY (each week) _____ TIME _____<br><br>1ST   2ND   3RD   4TH<br>DAY _____ (each month)<br>TIME _____ |
| SINGLE                | DAY _____ DATE _____ TIME _____   |

Producers signing the Statement of Compliance are wholly responsible for program content. Violation of any one or all of the program content prohibitions may result in curtailment of future use of the community facilities and equipment. Media Bridges assumes no liability whatsoever for the content of access programs.

Media Bridges shall not exercise control over program content in any manner incompatible with the City of Cincinnati's franchise agreement and 1996 Telecommunications Act. However, all programming submitted for cybercast must contain local content of at least ten (10) seconds in length. Audio identifying the local provider's name, address, and telephone number is one means of satisfying this rule.

Once signed, Statement of Compliance applies to all the programs within a given series up to the annual September schedule change. However, the producer who signs the Statement of Compliance to cover the series must notify Media Bridges if the program content designation changes for any episode within that series. In addition, if the producer who signed the original Statement of Compliance moves or is no longer, for whatever reason, responsible for the program, notification must be provided to Media Bridges. This notification must be in the form of a newly signed Statement of Compliance and be submitted to Media Bridges staff at least three (3) weeks prior to the airing of any episode with the changed content or new sponsor designation. Orientation is required for all producers signing the Statement of Compliance prior to the airing of any episode. The producer agrees to release Media Bridges and its affiliates, officers, agents and employees from responsibility if their program is damaged, lost, or stolen while in Media Bridges custody.

Producers must preserve a copy of any program which is cybercast through Media Bridges ("live" or taped) for a period of thirty (30) days following the cybercast. A copy of said program must be made available upon request.

False or misleading statements made in the Statement of Compliance are grounds for forfeiture of the right to use community production equipment and/or present programming in addition to other remedies in law or equity which may be available to Media Bridges.

#### STATEMENT OF COMPLIANCE

The undersigned applicant agrees to accept full responsibility for program content submitted for cybercast. The applicant hereby agrees to indemnify and hold harmless Media Bridges Cincinnati, its affiliates, officers, agents and employees from liability, legal fees and other expenses incurred as a result of cybercasting this message. The applicant recognizes that Media Bridges Cincinnati is to maintain, available for public inspection, a record of all persons applying for use of its facilities and agrees that this application may be used for such record. False or misleading statements made in this application are grounds for forfeitures of the right to use community production equipment and present programming or community messages on community cable access channels plus other remedies in law or equity which may be available to Media Bridges Cincinnati.

**This program does not contain any material that is pornographic, obscene, libelous, slanderous, invade personal privacy, or is otherwise illegal according to Federal, State or Local Law. I have read and understand Media Bridges' current Policies & Operating Procedures, and certify that nothing in this program violates any of these policies and procedures.**

Producer Signature \_\_\_\_\_ date \_\_\_\_\_

**My signature below verifies that I have read this Statement of Compliance and agree to abide by its terms.**

Signature of Applicant \_\_\_\_\_ date \_\_\_\_\_

**If producer is under the age of 18, a parent or guardian must sign below.**

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_