

Public Access Television of Calaveras County

P.O. Box 2064
San Andreas, CA 95249
(209) 754 4021
FAX: 209 754 0681

Release Form

Date: _____

Producers name (PRINT): _____

Signature: _____

Program name: _____

Date of Program: _____

When using Calaveras County production and editing equipment, the producer permits the Studio to schedule a minimum of five cablecasts of the producer's edited program. This will satisfy the producer's commitment to the Studio and County, unless the producer allows the following:

Please initial all options that the producer allows:

_____ The Studio may schedule an unlimited number of cablecasts over the
following _____
number of days, weeks, months, or no limit

_____ The Studio may keep a copy of my production (listed above) in the Studio's
Archives.

_____ The Studio (cablecaster) may re-cablecast my program at the
Studio's option.

_____ The Studio (cablecaster) may re-cablecast my program with my prior
approval.

_____ Please return to me the copy of my production (listed above) after you have
played it five times. I will pay for the video tape (at cost) or ask you to degauss it.

_____ I permit my program to be cablecast on the Public Access Television channel
in Volcano, California.

_____ I permit my program to be cablecast on Sacramento's Public Access
Television channel.