

# *DATV Programming Contract*

I request cablecast of my program(s), including any and all forms of media and data transmission DATV may use to disseminate my program, and agree as follows:

1. I have read *DATV's Rules & Regulations* and I shall abide by them.
2. I will provide written consents/licenses for all copyrighted material or other material subject to ownership or royalty rights contained in my program(s).
3. I agree to indemnify, defend and hold harmless DATV, the local cable television franchisee, the City of Dayton, its directors, officers, agents and employees from and against any and all claims or other injury (including reasonable cost of defending claims or litigations) arising out of the failure to comply with DATV policies and procedures, any applicable laws where claims result from the use of DATV channel space, facilities, equipment or other resources.
4. I acknowledge that, if in the sole opinion of DATV, my program is not technically sound and/or does not comply with *DATV's Rules and Regulations*, my program will not be aired.
5. I acknowledge receiving payment for my program(s) is strictly prohibited.
6. I understand and agree that I am an independent producer and that no relationship of employer/employee or principal/agent exists between DATV and myself. Therefore, I am entitled to the rights to my programming, including its distribution. All requests for the duplication of my programming must be submitted in writing for my approval.
7. The producer retains ownership of the creative rights to the programs produced. DATV agrees to not reproduce, copy, or distribute any programming without the signed permission of the producer, except when required by a regulatory body or a court of appropriate jurisdiction.

Violation of any of the DATV Rules & Regulations and/or any of the foregoing provisions may result in suspension of DATV privileges and DATV refusal to air program(s).

Please Sign:

\_\_\_\_\_

**Producer Information – Please print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone days: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Phone nights: \_\_\_\_\_

Email: \_\_\_\_\_

