

HTCA-TV

38151 L'Anse Creuse
Harrison Township, MI 48045
586-466-1400
htca@harrison-township.org

Statement of Compliance

Harrison Township Community Access Television requires that all producers sign this form once it is read and understood.

A. I have read and understand the Harrison Township Community Access Television ("HTCA-TV") operating policies and procedures. I am thoroughly familiar with the Policies and Procedures and agree to abide by them.

B. I assume full responsibility for the content of all program material produced, created or included, and ensure that such program material will not violate the rights of any third party.

C. I agree to pay the costs to repair or replace the equipment or material that is damaged, misused, or lost while such equipment or materials are in my possession or control. I understand the penalties that apply if I do not return equipment or materials on time.

D. I agree to indemnify and hold harmless the participating municipalities, HTCA-TV, and their agents, employees and representatives from any and all liability and injury (including reasonable attorneys' fees and costs incurred in defending claims) arising from, or in connection with, claims for failure to comply with any applicable laws, rules, regulations, or other requirements of local, state, or federal authorities; libel, slander, invasion of privacy, or the infringement of common law or statutory copyright; unauthorized use of any trademark, trade name or service mark; breach of contractual or other obligations owing to third parties by the producer, including residuals or other payment for any purpose whatsoever, and any other claim, in law or equity, which may arise or result from this program or the producer's utilization of HTCA-TV services, equipment, facilities and cable access channels. I understand that I may be criminally or civilly liable for producing or presenting such material for transmission.

E. I will not represent to others that I am an employee, representative or agent of HTCA-TV or its affiliates, nor will I make such representations on behalf of any other person involved with my production.

F. I agree that use of facilities and equipment is solely for the purpose of creating television programming to be transmitted via PEG access channel(s) and not with any commercial intent.

G. I understand that false or misleading statements or omissions made in this application are grounds for forfeiture of the privilege to use production equipment and facilities and/or cable channel(s) and I will hold HTCA-TV and its affiliates harmless and indemnify such against any loss or claim which results from any false or misleading statements or omissions.

H. I agree no oral modification, amendment, extension or waiver of this agreement will be binding upon me or HTCA-TV and its affiliates.

Mr.

Name Ms. _____
First Initial Last

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Signature** _____

Signature of Guardian (if member is under 18yrs. of age) _____

AS A DIVISION OF THE TOWNSHIP OF HARRISON, ANY DOCUMENTS SUBMITTED TO HTCA-TV ARE
SUBJECT TO RELEASE UNDER THE FREEDOM OF INFORMATION ACT