

WILLAMETTE FALLS TELEVISION

COMMUNITY MEDIA CENTER

Facility Request/Production Outline

Producer: _____ Producer#: _____

Phone #: () - _____

Address _____ City _____ Zip Code: _____

Program Title: _____

Program Description: _____

Please Circle:

Requesting:	Studio	Camcorder	Mobile Switcher	Edit
Is this program a <i>series</i> (13 Weeks)?			YES	NO
Is this production affiliated with any other organization?			YES	NO

If yes, list: _____

Date Request Submitted: _____

Location of Production: _____

With exception of a series, a request must be submitted for each production. All programs content must comply with Willamette Falls Television's operating rules. All producers must provide their own videotapes for all production needs. Approval takes one week.

Producer Signature (If Under 18, Guardian): _____

Please circle: Approved Not Approved

WFTV Staff Signature: _____ DATE _____

HOLD HARMLESS AGREEMENT: User agrees to hold Willamette Falls Television involved in the production of programming to be broadcast from Willamette Falls Television harmless and keep them exonerated from all loss, damage, liability or expense occasioned or claimed by reasons of acts or neglects of the facility or their employees or visitors or of independent contractors engaged or paid by the facility for the purpose of production of programming.