



CABLECAST / WEBCAST / RADIO BROADCAST REQUEST

Program / Event Title: _____

Description: _____

Name: _____

Screen / Radio Name: (if applicable) _____

Organization: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Single Program Series Kill Date: _____ (if applicable)

Date Produced: _____ Length: ____ hours ____ minutes ____ seconds

Submission Method:

- USB 3.0 Flash Drive External USB 3.0 or Thunderbolt SD Card
- Cloud-based Download URL: _____ Other: _____

I have read and understand Dakota Media Access' (DMA's) *Programming Policy* and agree to be bound contractually by all the provisions therein. I assume full responsibility for any and all disputes arising from the distribution of my program and agree to hold harmless in such disputes DMA, the Cities of Bismarck and Mandan, Midcontinent Communications, their affiliates, officers, agents and employees. I understand that I may be criminally or civilly liable for performing or producing such material which is cablecast / webcast / radio broadcast and confirm the content is not in violation / conflict of the trademark, copyright, or any other right of any person or entity.

Signature: _____

Print Name: _____ Date: _____

If under age 18, a parent or legal guardian must sign the following:

I certify that I am the parent or legal guardian of the above. I give my consent to the foregoing.

Signature: _____

Print Name: _____ Date: _____