



# CABLECAST APPLICATION AND AGREEMENT



## WAAC 980 (Community Access) and WAAC 981 (Gov. & Ed.)

Your Name/Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Program Producer/Sponsor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Day/Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

The information requested on this form will enable the public access programmer to determine your production and scheduling needs. Please complete your responses below.

Title of Program or Series: \_\_\_\_\_

Exact Program Length: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

Brief Description/Topic of Program: \_\_\_\_\_

Would you allow WAAC to sell copies of your program if requested by viewers? [ ] YES [ ] NO

Current schedule of programs can be found online at:

<http://www.ci.wausau.wi.us/Departments/PublicAccess/Schedules.aspx>

**CABLECAST TIME SLOT REQUEST:** Scheduling on the City of Wausau's cable access channels is done by WAAC staff. You must request three time slot choices from the playback schedule. If staff is unable to schedule the program in one of the requested time slots, the staff will choose the nearest time slot available.

**Cablecast Request:** First Broadcast Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Broadcast Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired number of times to be aired in one week: [ ] 1 [ ] 2 [ ] 3

	Day and Time	Day and Time	Day and Time
First Choice:	_____	_____	_____
Second Choice:	_____	_____	_____
Third Choice:	_____	_____	_____

Desired number of weeks to be aired at the above times: [ ] 1 [ ] 2 [ ] 3 [ ] 4

Replay Request Times: Please contact me when you have scheduled the replay times [ ] YES

Preferred Method of Contact: [ ] E-mail [ ] Phone

For non-series producers:

1. WAAC staff will assign a minimum of three replays for your program.
2. Indicate whether you would like to be contacted with your assigned replay times.

For series producers (those with six shows in a series):

1. Contact WAAC staff for scheduling a standard replay time.
2. Complete one of these forms for each program submitted.
3. Your program and form must be submitted to the WAAC office a minimum of one week prior to your scheduled time.
4. Programs submitted late or with incomplete forms or non-payment will not be played.

**APPLICANT RESPONSIBILITIES:**

1. DVDs must not have anything else recorded on them before or after the program. One title and program starts at 1<sup>st</sup> chapter. Total run time (TRT) must be printed clearly on the DVD along with the title and producer name.
2. It is your responsibility to pick up any DVD left at City Hall within two weeks of the program’s last scheduled cablecast date. Any DVD not picked up within two weeks will be considered abandoned and disposed. WAAC assumes no responsibility for DVDs presented for cablecasting.
3. The applicant hereby accepts full responsibility for the content of the programming submitted for cablecast. The applicant agrees to indemnify and hold harmless the City of Wausau, Charter Communications, and Wausau Area Access Channels, their affiliates, officers, agents and employees from liability, legal fees and other expenses incurred as a result of cablecast of this program or series. This Application is valid and binding for each and every installment.
4. The applicant hereby confirms ownership of all necessary rights to present this programming for cablecast. As the applicant asserts cable presentation rights, he/she accepts legal responsibility for obtaining any and all releases necessary to present audio and/or video material on CATV 980 and 981 and/or the internet. Responsibility is also accepted by the applicant for insuring that programming submitted is not obscene, libelous, or otherwise prohibited by law.
5. The applicant agrees to release the City of Wausau, Wausau Area Access Channels, Charter Communication, their affiliates, officers, agents and employees from responsibility for possible damage or loss of program material, property and/or media submitted for cablecast.
6. The applicant acknowledges that Wausau Area Access Channels maintains for public inspection a record of all persons applying for use of the cable channel and agrees that this application may be used for such a record. The applicant certifies that his/her statements on this application are true and agrees that false or misleading statements made herein are grounds for forfeiture of all rights to use community access production equipment and/or present access programming on CATV 980 and 981.
7. The applicant has read and understands the Public Access guidelines and agrees to abide by all regulations and procedures contained therein.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the Public Access Scheduler:**

Date request received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Program is scheduled to be broadcast:

1 <sup>st</sup> Week	_____ @ _____ : _____	_____ @ _____ : _____	_____ @ _____ : _____
2 <sup>nd</sup> Week	_____ @ _____ : _____	_____ @ _____ : _____	_____ @ _____ : _____
3 <sup>rd</sup> Week	_____ @ _____ : _____	_____ @ _____ : _____	_____ @ _____ : _____
4 <sup>th</sup> Week	_____ @ _____ : _____	_____ @ _____ : _____	_____ @ _____ : _____

# Wausau Area Access Channels

## Information for the Video on Demand Site

### **waac.viebit.com**

Fill in the following information if you want your video to be on the WAAC Video on Demand website.  
The video must also be aired on one of the cable channels.

Title: \_\_\_\_\_

Description: \_\_\_\_\_

Date Created: \_\_\_\_\_

Subject: \_\_\_\_\_

Rating: \_\_\_\_\_

Creator: \_\_\_\_\_

Copyright: \_\_\_\_\_

Producer: \_\_\_\_\_

Producer's Address: \_\_\_\_\_

Producer's Email: \_\_\_\_\_

Tags: \_\_\_\_\_

External Link: \_\_\_\_\_

External Link Text: \_\_\_\_\_

**All uploaded videos will be retained on the website for a minimum of 30 days and a maximum of 90 days.  
After 90 days the files will be automatically deleted. All videos are hosted offsite by a third party.**