

Playback Release Form

St. Paul Neighborhood Network 375 Jackson Street, Suite 250
St. Paul, MN 55101 651-298-8904 fax. 651/298-8414

Member # _____

Number of Weeks to play _____

Series: yes or no _____

Requested First Air Date(s) _____
(leave blank if played as received)

(up to eight, 1 if left blank) _____

Religious Access (14) _____

Public Access (15) _____

Estimated Length: _____

Tape Format (circle one)

VHS SVHS Digital

Office use only (tape number)

Series Title: _____

Episode Title: _____

Demographic Information of Producer: (optional information)

Race: _____ Age: _____ Sex: M F

Is this a locally originated program?

Yes No

Program Theme: (Please choose ONE central theme)

___ Public Affairs/Community Events

___ Education

___ Music/Entertainment

___ Senior

___ Ethnic/International

___ Sports

___ Religion

___ Other _____

Disclaimers: (Please check ALL that apply)

___ (G) has Graphic Portrayals ___ (AL) contains Adult Language ___ (V) has Violent Scene(s)
___ (M) has a Mature Theme ___ (T) some Questionable Technical Content ___ (NONE) Requires No Disclaimer
___ (MN) contains a State of MN Disclaimer. Reason: _____

***Please Note: If disclaimers are required on this form, they are also required of the beginning of your program. Failure to place the disclaimer(s) on your program will result in your program not airing.**

STATEMENT OF COMPLIANCE AND RESPONSIBILITIES

The program that I am/we are presenting:

1. is not obscene, libelous, slanderous, nor an invasion of privacy or publicity right;
2. is not a violation of applicable local, state or federal law, or an unauthorized use of copyright material;
3. is not for commercial or profit-making purposes, and contains no commercials;
4. is shown with all the necessary permissions obtained from persons/organizations appealing in the program;

I/We accept responsibility for all claims arising out of the cablecasting of this program, which I am/we are presenting. I/We agree to identify and hold harmless St. Paul Neighborhood Network, its directors, officers, and staff against any such claims arising out of the program I am/we are presenting, or any breach of this statement of compliance. I/We have read the terms and conditions on the back of this form, and am/are familiar with their contents, and I/we agree to comply with them. If SPNN damages or loses my program tape, SPNN is responsible only for the cost of replacing the raw videotape.

REQUIRED INFORMATION

The party responsible for this program is: _____ an Individual _____ an Organization

Responsible Organization or Individual (PLEASE PRINT) _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime/ Evening Phone: _____

Signature: _____

Date: _____

Please include a brief description of your program: _____

Please circle the information below that we may release to the public, upon inquiry:

Name	Day Phone #	Evening Phone #	E-Mail Address	NO INFO, PLEASE A message will be taken for producer
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Filling Out the Playback Release Form & Statement of Compliance Explanations

More detailed information regarding the regulations and rules of submitting a program are available at SPNN to review. Please also refer to "The Producer's Guide to Submitting you Program to SPNN" for important information.

***WHO FILLS OUT THIS FORM?** The person who is a current member of SPNN, and who is submitting a program for cablecasting – the person who will be considered the responsible party for this program.

***MEMBERSHIP** The person/organization submitting the program must be a current SPNN member. A current membership is required before tapes will be aired.

***PLEASE WRITE LEGIBLY!** Enter the title of your program or series on the "Program/Series Title" line. If your program is a part of a series, please designate what tape/series number it is on the "Show Title" line. Each tape/program submitted must have its own Playback Release form, with a unique "Show Title" line for each program; the entire form must be complete, and legible, for your program/tape to air.

***DISCLAIMERS** If your program needs any disclaimers, check the appropriate box. If your program has a State of MN disclaimer, please indicate why. If you indicate any disclaimers, your program must have the disclaimer(s) at the beginning of you show, or it will not air.

***CONTACT INFORMATION** Include your current and correct day and evening phone number, as well as your up-to-date, complete mailing address. This information is required for cablecast of your program; your program will not be cablecast if this information is not provided. Please indicate what contact information we may release, if any. If no choice is made, we will assume that we may release your name and phone number upon request.

***PLAYBACK/SCHEDULEING YOUR OWN TAPES/CANCELLATION/TAPE PICKUP** Tapes running longer than their allotted time will have the remaining time cut off. Tapes with completed forms must be turned in at least 2 weeks (by noon Monday) before the week of playback. You submit a written schedule request for your tapes; scheduled series play is dependent on on-time submissions. If your program is part series, and the next program in series isn't received on time (see above), the program currently playing will repeated. If a new program has not been received after eight weeks of playback, the series may be cancelled. By signing this form, you understanding that it is responsibility to contact SPNN to arrange a time to pick up your tape(s) after final playback. Programs may be returned by mail only if the submitter provides adequate postage in the form of stamps or a check/money order /cashiers check. SPNN reserves the right to contact you about picking up your tapes, and may impose a time limit of not less than three weeks to do so, unless other reasonable arrangement can be made.

****TECHNICAL REQUIREMENTS FOR EACH TAPE SUBMITTED – INCLUDE ALL OF THE FOLLOWING:**

- 1.) One program per tape; 2.) 30 a second tone & bar before program 3.) 10 second slate; 4.) 10 second countdown with last 2 seconds in black; 5.) black burst for at least 1 minute after program ends; 6.) Composite audio (the exact same on both channels) or for VHS tapes all audio on Channel 1. Stereo tapes cannot be used with SPNN's playback system; 7.) SPNN strongly requests that DUBS of programs be submitted. Please submit DUBS of your program; 8.) Programs should be of good video and audio quality; programs with technical problems will not be cablecast on SPNN access channels. Programs submitted on VHS must be recorded in SP (2 hour) made only.* VHS tapes recorded in the EP (6 Hour) made are not compatible with SPNN Master Control System. All VHS programs must be recorded in SP (2 Hour) made only.

MORE DETAILED INFORMATION REGARDING REGULATIONS AND RULES ARE AVAILABLE AT SPNN TO REVIEW

***USE** Use of SPNN channel space will be available on a first-come, first-served, nondiscriminatory basis. SPNN, at its discretion, may impose reasonable limitations to assure fair access by all to SPNN facilities and to provide for diverse and valuable channel traffic.

***COMPLETION** In cases of competing requests for channel or playback time, priority will be given to programming produced locally, through SPNN facilities.

***PROGRAM CONTENT** To assure that no censorship or control over program content of SPNN channels exists, except as necessary to comply with applicable local ordinances, FCC regulations, State and Federal laws, responsibilities, restrictions and guidelines are established for programming cablecast through the facilities of SPNN including:

- Access Users presenting videotape and/or live programming for cablecast are responsible for all copyright clearances, talent releases, other clearances, rights or licenses involved in their programming. SPNN reserves the right to require the Access User to produce copies of any such clearances and releases for inspection by SPNN staff.
- Businesses will be allowed to underwrite programs. However, no business concern will be allowed to cablecast commercial or other advertising material. Program underwriting messages will be comparable to those used by local public radio and television stations. It is the responsibility of the Access User to include this message. [See: Funding Guidelines]
- All legally qualified candidates seeking the same elective office will be afforded equivalent channel time upon request.
- SPNN reserves the right to preview, prior to cable casting. Any programming to determine whether the theme and content of the access programming are consistent with the description of programming provided by the Access User, and to determine whether the programming violates any of the SPNN, and aforementioned city, state and federal regulations. If SPNN finds that cable casting a particular program would violate any of these rules, it may request the Access User to remove the portions of the program that could constitute the violation. If an Access User refuses to remove the material that constitutes the violation, SPNN may refuse to cablecast the entire program.
- Should SPNN determine that the statements in an Access User's request for channel time are false, misleading, or knowingly incomplete, SPNN will not cablecast, nor permit to be cablecast, the material presented for cablecast by the Access User.
- The disclaimers indicate on the reverse side of the Playback Release Form shall accompany the program as appropriate during breaks in the program. When warranted, in the opinion of SPNN, a more specific advisory message may be submitted.

* VIOLATIONS Violations of SPNN program content policies and rules, or breach of the statement of Compliance may subject the Access User to immediate forfeiture of the privilege of using the SPNN channels, equipment, and facilities, or other sanctions as defined in the User Sanctions section of the Policy Guidelines.