



69 Union Street North Adams, Massachusetts 01247

Phone: (413) 663 - 9006

www.GatewayMedia.org

PROGRAM CONTRACT

Program Title: _____

PROGRAM TYPE (Please select one of the following):

- Civic Educational Sports
- Spiritual/Religious Artistic Entertainment
- Historical

TO BE CABLECAST (Please select one of the following):

- Weekly Series Monthly Series Special
- LIVE Event Evergreen

Program Length (please select one of the following):

- 30 Minutes 60 Minutes Other (specify) ___:___:___

Producer's Name (Please Print): _____

Organization:(if applicable) _____

Address: _____ City/Town: _____

Address(2): _____

State: _____ Zip: _____

Phone Number: (___) ___ - _____

Will your program/series be suitable for all audiences? YES NO

Do you give Gateway Collaborative Media permission to use your program for the following:

Video On Demand (VOD) YES NO

YouTube YES NO

AGREEMENT (Please read carefully before signing)

- ▶ I agree to provide and/or recruit my own production crew.
- ▶ I agree to provide a completed Pre-Production form no less than 24 hours prior to the production date.
- ▶ I understand the policies and rules of Gateway Collaborative Media as written.
- ▶ I agree to abide by the said policies and rules, and understand that failure to do so may result in suspension, revocation of all privileges and expulsion from Gateway Collaborative Media.
- ▶ I acknowledge that Gateway Collaborative Media retains the mechanical rights to my submitted content in perpetuity.
- ▶ I assume full responsibility for any dispute arising from any unauthorized use of copyrighted material, and hold blameless in any such disputes Gateway Collaborative Media, its directors and its staff.
- ▶ I understand that I may be criminally and/or civilly liable for misrepresenting myself and/or my organization, using Gateway Collaborative Media's equipment and facilities for purposes of making money, and performing or cablecasting material deemed to contain advertising, lottery or lottery information, or obscene or indecent material.
- ▶ I acknowledge that any production equipment damaged while in my care is my financial responsibility to repair or replace. This includes damage caused by attempts to modify, change, repair or adjust equipment.

Producer's Signature: _____ Date: __/__/__

Parent or Guardian's Signature: _____ Date: __/__/__

(If Producer is under 18 years of age)

GCM Staff (initials): _____

Date: __/__/__