

Morgan Hill Access Television

A Service Of The Media Access Coalition Of Central California Inc.

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**Permission To
Cablecast On
Morgan Hill Access
Television**

I certify that I am the author of the audio/visual material described below:

Program Name: _____

Brief Description: _____

(e.g., "animated video")

and I hereby grant permission to Morgan Hill Access Television and the Media Access Coalition of Central California, Inc. (a non- profit California corporation) to cablecast, on dates and at times chosen at its discretion, the described material on its cable television channel(s) serving Morgan Hill and San Martin, California during the period

_____ (date) through _____ (date), inclusive.

I have obtained all approvals, clearances, licenses, etc. for the use of any included program material of which I am not fully the originator. This includes, but is not limited to approvals by cablecast stations, networks, sponsors, music licensing organizations, copyright owners, performers' representatives, all persons appearing in in the program material, and any other approvals that may be necessary to transmit the program material over the MHAT cable access channel(s).

I recognize that MHAT's screening or review of the program matter submitted by me does not constitute an approval by MHAT of such material nor a waiver of any of its rights.

This agreement **DOES NOT INCLUDE** permission to reproduce said material for any purpose other than cablecast.

I have read and understand the above agreement, and take full responsibility as originator providing this program.

Signature: _____

Print Name: _____ Date: _____

Day Phone: _____ Night Phone _____

MAILING ADDRESS: _____

City _____ State _____ Zip _____