



# SPONSOR AGREEMENT FORM

Print clearly and carefully as this is a control document to be used for crew credits.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of videotape program or series: \_\_\_\_\_

I agree to be the Sponsor, as Producer of Record for this program, and I accept full responsibility for the content. I understand that video productions will be submitted for cablecast on Arlington Community Media Inc.'s (ACMI's) access channels. I hereby agree to indemnify and hold harmless ACMI, the Town of Arlington, Comcast, RCN, Verizon, their officers, directors, employees and agents from liability and expenses, including legal fees, incurred as a result of cablecasting this program. I warrant and represent that the program cablecast by ACMI or the website hosted by ACMI's Arlington Studio does not contain:

1. Any solicitation of funds, or advertising, or material designed to promote the sale of commercial products or services;
2. Any material that is obscene, indecent or an invasion of privacy;
3. Any material concerning lottery information, gift enterprise or similar scheme;
4. Any material requiring union, residual, or other payment including but not limited to talent and crew unless those payments have been executed or waived;
5. Any material that is slanderous, libelous or made unlawful by a government body;
6. Any material that is copyrighted or subject to ownership or royalty rights without necessary releases, licenses or other permission.

I agree to provide the ACMI Arlington Studio staff, prior to the cablecast of the program with copies of any talent releases and licenses or other permissions as set forth in paragraph # 6 above obtained by me with respect to the program. I understand that I assume full responsibility for any disputes arising from any unauthorized use of copyrighted materials. Further, I agree to release ACMI, its employees, and agents from responsibility if this tape or storage device is damaged, lost or stolen while in ACMI custody.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email