

Community Producer Agreement and Playback Application

To complete the form, down	nload it and fill in the PI	OF or print.	
Show Title			
Host			
Brief Description of Show _			
Program Type	Single Show	Series	
Mature Content	Yes	☐ No	
Origin	Produced with A	LCTV Equipment	Produced Elsewhere
Post This Program Online	Yes	☐ No	
Producer Agreen	nent		
I have read, understand, and agr Avon Lake. I fully understand and	_		nity Television (ALCTV) whose operations are overseen by the City of ented to me by ALCTV.
employees, agents, successors ar	nd assigns, from any and all cl further agree that I am and s	laims and liability for da hall be responsible for t	nd Avon Lake Community Television, and their officers, directors, images, losses or expenses of any sort arising from the production and the program's content and that I shall be responsible for obtaining any t of the program.
Producer/Sponsor Name			
Address (Number) (Street	t)		
Phone	Email		
Signature			Date

City of Avon Lake, Ohio 6/20/22