



PROGRAMS CAN BE MAILED TO:
Nā Leo TV – Programming Department
91 Mohouli Street, Hilo, Hawai'i 96720
Telephone: Hilo (808) 935-8874
Fax: (808) 961-3621

NĀ LEO TV CABLECAST AGREEMENT FOR PRESENTERS

BY SIGNING BELOW, YOU AGREE TO ABIDE BY THESE TERMS FOR AS LONG AS YOU PRESENT PROGRAMS TO NLTV:

- 1. I am thoroughly familiar with the content of the program material submitted for cablecast and/or Internet streaming or archiving of any kind and agree that it complies with applicable federal and state statutes and regulations with regard to cable programming and Internet streaming.
2. I have obtained all approvals, clearances, licenses, et cetera, which are needed for the Program.
3. I have paid, or will timely pay, all financial obligations (including residuals, union fees, license fees, etc.), owed to third parties in connection with the creation, cablecast, and Internet stream of this Program.
4. I understand that Nā Leo TV will not view the Program before it is distributed. I understand that I am responsible for the content of the Program and ensuring that the Program can be legally distributed.
5. I recognize that Nā Leo TV has not, and will not, endorse or approve the Program. I also understand that false or misleading statements made on this application are grounds for forfeiture of the privilege to use Nā Leo TV production equipment, facilities and access channels and various Nā Leo TV services, as more fully set forth in Nā Leo 'O Hawai'i policies, rules and procedures.
6. I have read and am thoroughly familiar with the rules and procedures for the use of Nā Leo TV's transmission services and agree to abide by them. I hereby grant Nā Leo TV permission to reproduce and transmit the Program at Nā Leo TV's discretion.
7. I agree that any damage or loss to the program matter submitted by me even though due to negligence or other fault of Nā Leo TV, its agents, employees, representatives, and affiliates will only entitle me to a like amount of blank DVDs.
8. I understand that DVDs left longer than 30 days from the time I am contacted to pick-up my DVD(s) will be recycled.
9. I understand that my contact information below will be made available to the public in connection with the Program.
10. Please Check all applicable blanks below:

\_\_\_ I am a resident of Hawai'i Island. If you are not a resident of Hawai'i Island, you must have a local Hawai'i Island sponsor.

\_\_\_ I am 18 years of age, or over. If you are under 18, this form must be signed by a parent/legal guardian.

I have read, understand and agree to abide by the above policies.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representing: (Organization's name) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

The contact information must agree with the information in Nā Leo TV's database and may be given out upon request. If the Copyright Holder is different, attach a permission letter with the contact information.