



# Playback Request Form

Name:

Phone:  Email:

Public Contact Information:

(Alternate name, phone and/or email for people who want information on the program or organization)

Are you representing:

- SELF    GOVERNMENT    NON-PROFIT    EDUCATION

If other than "SELF"

Name of Organization:

### Program Information:

Title:

Program Length:  Hours    Minutes    Seconds

Program Source:  Local    Import (Not Produced in Kitsap Co.)

Check box if this program contains potentially objectionable material (See Policy Handbook)

### Agreement:

I certify that the information on this form is true. I agree to abide by the provisions of BKAT policies and procedures including those set forth in the current Policy Handbook. I have secured, or am able to secure, written permission for cablecast rights of all copyrighted material contained in this program. I assume full responsibility for any dispute arising from the cablecast of this material, including but not limited to legal disputes or community controversy. I agree to work to resolve those disputes and hold harmless Bremerton Kitsap Access Television and any of its funding entities, both individual and organizational, for any damages that I may incur from the cablecast of this program. I agree that BKAT reserves the right to release information on this document.

Signature:  Date:

(Parent or Legal Guardian signature if member is under 18 years of age)

### Office use only below

Date Received:

LIQUIDFILES [www.bkat.tv/upload](http://www.bkat.tv/upload) **OR**  USB MEDIA

Date Returned:

Media Picked Up    Media Returned via Pre-paid Mail

Media Return Not Requested

Media Corrupt / Unplayable / Invalid File Type

Scheduled Air Time(s)

Air Time(s) sent to requestor