HILL COUNTRY NETWORK APPLICATION FOR AIRTIME/DISTRIBUTION

APPLICATION DATE:
TOWN REPRESENTED:
APPLICATION FOR CABLECASTING OF AN ACCESS PROGRAM
APPLICANT:
ADDRESS:
TELEPHONE: (day) (evening)
PROGRAM NAME:RUNNING TIME:AGREEMENT
(Applicant) applies to Hill Country Network (HCN) for use of its (Public, Education and Government) Access Channel for presentation of
a) Applicant will not cablecast any advertising material designed to promote sale of commercial products or services, including advertising by and on behalf of candidates for public office. b) Applicant will not cablecast any material designed to solicit funds of any nature. c) Applicant will not cablecast a lottery or any advertisement of or for any information concerning a lottery. d) Applicant will not cablecast any obscene or indecent material. 2. Applicant agrees to make all appropriate arrangements with, and to obtain all clearances from, broadcast stations, networks, sponsors, music licensing organizations, performers' representatives, and, without limitation to the foregoing, any and all other persons (natural or otherwise) as may be necessary to transmit its program material over HCN's cable television system. 3. In recognition of the fact that HCN has no control over the content of Applicant's public access cablecasts, Applicant agrees to indemnify and hold HCN harmless from any and all liability or other injury (including
reasonable costs of defending claims or litigation) arising from or in connection with claims for

failure to comply with any applicable laws, rules, regulations or other requirements of local, state or federal authorities; for claims, libel, slander, invasion of privacy or the infringement of common law or statutory copyright; for unauthorized use of any trademark, trade name or service mark; for breach of contractual or other obligations owing to third parties by HCN; and for any other injury or damage in law or equity which claims result from the Applicant's use of the access channel. 4. Applicant recognizes that HCN will maintain and make available for public inspection a record of all persons applying for use of access channels and agrees that this Application may be used for such a record. 5. Applicant states that they have read HCN's Access Policies and Procedures and they agree to abide by the terms and conditions therein.

Signature of Applicant:		
Date:		