

# DeKalb 25

## Media Submission Log

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**DeKalb 25**

1300 Commerce Drive  
Decatur, GA 30030  
Phone: 404-687-2707

DeKalb 25 Member #

\_\_\_\_\_

**Content Upload date and time:**

[DeKalb25Upload.com](http://DeKalb25Upload.com)

\_\_\_\_\_

**Or, Drop off date and time (at the Manuel J. Maloof Center lobby):**

1300 Commerce Drive, Decatur, GA 30030

\_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Media**

**Title:** \_\_\_\_\_

**TRT:** \_\_\_\_\_

**Format:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Playback/Indemnification Release Form**

Member # \_\_\_\_\_

Series  Yes  No

Requested Air Date (s) \_\_\_\_\_

Program/Series Title

Length: \_\_\_\_\_

Series/Show Title: \_\_\_\_\_

Number of weeks to play

Episode Title: \_\_\_\_\_

(up to 4, 1 if left blank) \_\_\_\_\_

**Demographic Information of Producer:** (optional information)

Race: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

**Program Theme:**  Sports  Education  Music/Entertainment  Ethnic/International

Public Affairs/Community Events  Religious  Youth  Other: \_\_\_\_\_

**Disclaimers:** (Please check ALL that apply)

(G) has Graphic Portrayals  (AL) contains Adult Language  (V) has Violent Scene(s)  
 (M) has a Mature Theme  (T) some Questionable Technical Content  (NONE) Requires No Disclaimer  
 (GA) contains a State of GA Disclaimer. Reason: \_\_\_\_\_

**\*Please Note: If disclaimers are required on this form, they are also required at the beginning of your program.**

Responsible Organization or Individual (PLEASE PRINT)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Daytime/ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please include a brief description of your program:

Please check the information below that we may release to the public, upon inquiry:

Name  Day Phone #  Evening Phone #  E-Mail Address  NO INFO, PLEASE

**STATEMENT OF COMPLIANCE AND RESPONSIBILITIES**

I/we represent and affirm that the program and all related and/or underlying data and original works of authorship I am/we are using and presenting for playback and/or transmission on the selected channel(s) and associated website(s), and storage on DEKALB media, as applicable:

1. is not obscene, defamatory, nor an invasion of privacy or publicity right;
2. is not a violation of applicable local, state or federal laws or regulations, or an unauthorized use of copyright material trademarked and/or patented;
3. is not for commercial or profit-making purposes, and contains no commercials;
4. is cablecasted, transmitted, displayed, downloaded, webcasted and/or podcasted with all the necessary permissions and authorizations obtained from persons/organizations appearing in the program or owning intellectual property appearing in the program.

I/We accept complete and sole responsibility for all claims, damages, expenses, fees, losses, deaths and injuries arising out of the cablecasting, transmission, display, downloading, webcasting and/or podcasting of this program, which I am/we are presenting. I/We agree to indemnify and hold harmless DeKalb 25, its directors, officers, and staff against any such claims, damages, expenses, fees, losses, deaths, and injuries arising out of the program I am/we are presenting, or any breach of this statement of compliance. I/We have read the terms and conditions on the second page of this form, and am/are familiar with their contents, and I/we agree to comply with them at all times. If DEKALB damages or loses my program, DEKALB is responsible only for the cost of replacing the raw media.

**I have read the statement of compliance and agree to the terms.**

Signature: \_\_\_\_\_

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

## Filling Out the Playback Release Form & Statement of Compliance Explanations

More detailed information regarding the regulations and rules of submitting a program are available at DEKALB to review.

\*WHO FILLS OUT THIS FORM? The person who is a current member of DeKalb County's Public Access television channel, DeKalb 25, and who is submitting a program for cablecasting – the person who will be considered the responsible party for this program. ("Producer")

\*MEMBERSHIP The person/organization submitting the program must be a current DeKalb 25 member. A current membership is required before programs will be cablecasted, transmitted, uploaded, downloaded, webcasted and/or podcasted.

\*PLEASE WRITE LEGIBLY! Enter the title of your program or series on the "Program/Series Title" line. If your program is a part of a series, please designate what tape/series number it is on the "Show Title" line. Each media/program submitted must have its own Playback Release Form, with a unique "Show Title" line for each program; the entire form must be complete, and legible, for your program/media to be cablecasted, transmitted, uploaded, downloaded, webcasted and/or podcasted.

\*DISCLAIMERS If your program needs any disclaimers, check the appropriate box. If your program has a State of GA disclaimer, please indicate why. If you indicate any disclaimers, your program must have the disclaimer(s) at the beginning of your show, or it will not be cablecasted, transmitted, uploaded, downloaded, webcasted and/or podcasted.

\*CONTACT INFORMATION Include your current and correct day and evening phone numbers, as well as your up-to-date, complete mailing address. This information is required for cablecast, transmission, uploading, downloading, webcasting and/or podcasting of your program; your program will not be cablecast, transmitted, downloaded, uploaded, webcast and/or podcast if this information is not provided. Please indicate what contact information we may release, if any. If no choice is made, we will assume that we may release your name and phone number upon request.

\*PLAYBACK/SCHEDULING /CANCELLATION/MEDIA PICKUP Programs running longer than their allotted time will have the remaining time cut off. Programs with completed forms must be turned in at least 1 (one) week before playback. You must submit a written schedule request for your media; scheduled series play is dependent on on-time submissions. If your program is part of a series, and the next program in the series isn't received on time (see above), the program currently playing will be repeated. If a new program has not been received after four weeks of playback, the series may be cancelled.

### \*\*TECHNICAL REQUIREMENTS FOR EACH PROJECT SUBMITTED – INCLUDE ALL OF THE FOLLOWING:

1) One program per submission (digital files); 2) DeKalb 25 strongly requests that non original media of programs be submitted.  
3.) DeKalb 25 will determine, in its sole discretion, whether a particular program satisfies its technical requirements for playback, cablecasting, transmission, webcasting and/or podcasting, and will inform a producer of any deficiencies.

## **MORE DETAILED INFORMATION REGARDING REGULATIONS AND RULES ARE AVAILABLE AT DEKALB TO REVIEW**

\*USE Use of DeKalb 25 channel space will be available on a first-come, first-served, nondiscriminatory basis. DeKalb 25, at its discretion, may impose reasonable limitations to assure fair access by all to DeKalb 25 facilities and equipment and to provide for diverse and valuable channel traffic.

\*COMPETITION In cases of competing requests for channel or playback time, priority will be given to programming produced locally and to time and date of submitted request.

\*PROGRAM CONTENT To assure that no censorship or control over program content of DeKalb 25 exists, except as necessary to comply with applicable local ordinances, FCC regulations, State and Federal laws, responsibilities, restrictions and guidelines are established for programming cablecast, transmitted, uploaded, downloaded, webcast and/or podcast through the facilities of DeKalb 25 including:

- Access Users presenting recorded and/or stored programming and/or live programming for cablecast, transmitted, uploaded, downloaded, webcast and/or podcast are responsible for all copyright clearances, talent releases, other clearances, rights or licenses involved in their programming. DeKalb 25 reserves the right to require the Access User to produce copies of any such clearances and releases for inspection by DeKalb 25 staff.
- Businesses will be allowed to underwrite programs. However, no business concern will be allowed to cablecast commercial or other advertising material. Program underwriting messages will be comparable to those used by local public radio and television stations. It is the responsibility of the Access User to include this message.
- All legally qualified candidates seeking the same elective office will be afforded equivalent channel time upon request.
- If it is brought to DeKalb 25's attention that any programming is inconsistent with the description of programming provided, or that it is reasonably believed to violate aforementioned county, state and/or federal regulations, DeKalb 25 may request the Access User who provided the program to remedy such inconsistencies or violations. DeKalb 25 may remove programming from cablecast, if it is reasonably apparent that the program content has violated applicable law.
- Should DeKalb 25 determine that the statements in an Access User's request for channel time are false, misleading, or knowingly incomplete, DeKalb 25 will not cablecast, nor permit to be cablecast, the material presented for cablecast, transmitted, uploaded, downloaded, webcast and/or podcast by the Access User.
- The disclaimers indicated on the Playback Release Form shall accompany the program as appropriate during breaks in the program. When warranted, in the opinion of DeKalb 25, a more specific advisory message must be submitted.

\* VIOLATIONS of DeKalb 25 program content policies and rules, or breach of the statement of Compliance may subject the Access User to immediate forfeiture of the privilege of using the DeKalb 25 channel, website, equipment, and facilities, or other sanctions.

**DeKalb 25**

1300 Commerce Drive,  
Decatur, GA 30030

**Membership Form**

DeKalb 25 Member # \_\_\_\_\_

**An Active membership requires; a photo ID, verifiable address and a working phone number.**

**Personal Information** (Please fill out completely)

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

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Gender (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

DL/ GA ID/ Student ID/Other: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Membership Types** (Please select one - Fees will be waived through December 31, 2016)

\_\_\_\_\_ \$0 **Limited Income** (Must submit EBT card, Georgia Health Care Programs card, Section 8 document, 100% disabled veteran, or have a salary below the national poverty level of \$16,000- must show pay stub)

\_\_\_\_\_ \$0 **Student**

\_\_\_\_\_ \$0 **Senior Citizen** (must be 65 or older)

\_\_\_\_\_ \$0 **DeKalb County Resident** Individual

\_\_\_\_\_ \$0 **Georgia Resident** Individual

\_\_\_\_\_ \$0 **Non-Georgia Resident** Individual

\_\_\_\_\_ \$0 **DeKalb County Organization\*** (Includes fees for five members. Cost is \$25 for each additional member over five)

\_\_\_\_\_ \$0 **Georgia Organization**

\_\_\_\_\_ \$0 **Non-Georgia Organization**

**Donation**

\_\_\_\_\_ \$10

\_\_\_\_\_ \$25

\_\_\_\_\_ \$50

\_\_\_\_\_ Other

**How did you find out about DeKalb Studio 25?**

- Organization or Network Group
- From a Friend
- Newspaper: \_\_\_\_\_
- Online:

- E-Newsletter  Website  FB
- Twitter
- Library: \_\_\_\_\_
- Other: \_\_\_\_\_

**\*Please provide the names and addresses for all Organization** members who plan to submit content to DeKalb 25. It is the Organization's responsibility to supplement this form with current/updated information. Names not included on this form will not be given channel time.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## DeKalb 25 Timeslot Application

Date Submitted \_\_\_\_\_

DeKalb 25 Member # \_\_\_\_\_

This is the application for a Timeslot. Timeslots are given on a first-come, first-served nondiscriminatory basis. This application must be **completed entirely** and legibly.

### Producer Information

Producer Name: \_\_\_\_\_

Producer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Program Information

Program Title: \_\_\_\_\_

Length (please circle one): 30 minutes, 60 minutes. Other \_\_\_\_\_

Type of Program (please circle): Religious Promo International Educational Other

Expected Submission Rate (please circle): Once Weekly Bi-Monthly Monthly

Will there be material intended for mature audiences?	Yes	No
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### Production Information

Have you broadcast a production on DeKalb Public Access Before?

If YES, when? BEGINNING DATE: \_\_\_\_\_ DAY(S): \_\_\_\_\_ TIME: \_\_\_\_\_

**GENERAL DESCRIPTION OF PROGRAM:**