



# EDITING SUITE REQUEST

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_

SHOW TITLE: \_\_\_\_\_

LENGTH OF USE EXPECTED: \_\_\_\_\_ LENGTH OF SHOW \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ TIME REQUESTED: \_\_\_\_\_

EDIT ROOM A \_\_\_\_\_ EDIT ROOM B \_\_\_\_\_

Digital ROOM A \_\_\_\_\_ Digital ROOM B \_\_\_\_\_

I, (the undersigned), understand that reservations for the edit suites are provided on a first-come, first-served basis. I also understand that use of the edit suites will be for the sole purpose of creating programming for **New Bedford Public Access Television**. I also understand that I am responsible for the care of the equipment under my use. I agree to hold **New Bedford Public Access Television**, (including its employees and agents), the Public Access Advisory Committee, the City Of New Bedford, and AT&T Broadband harmless from liability and/or legal fees incurred as a result of damage to equipment or injuries sustained while using **New Bedford Public Access Television** equipment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF APPROVAL: \_\_\_\_\_

9/29/98