

RePAC Program Play Request Form

Name of person or group requesting the program to be played by RePAC.

Name _____ Date _____
(Printed, authorized Representative or person)

I hereby authorize RePAC to play the program entitled

_____ and, to the best of my knowledge, the program is my property.

I state there are no copyright or intellectual property laws that will be broken.

If the tapes have copyright or intellectual property material coverage, I have written permission to cause the tape to be played and RePAC bears no responsibility whatsoever, for the content or any infringement of anyone's rights.

I, as representative, will bear sole responsibility for any infringement actions.

Signed _____ Date _____

Individual Tape/DVD _____

Several Tapes/DVDs (Blanket Coverage) _____

Name _____
(Signed, authorized Representative or person. after reading above statement for liability.)

RePAC Representative Signed _____

Date Accepted _____

All submissions are subject to review by the RePAC Board of Directors.

Please send to:

Rehoboth Public Access Corporation
P.O. Box 617
Rehoboth, MA 02769