

PARENTAL CONSENT FORM



I hereby affirm that I am a resident of the Town of Foxborough and the parent and/or legal guardian of:

NAME: _____

Who is less than 18 years of age and who resides at:

ADDRESS: _____

I agree to be responsible for and assume all liability for my child's activities at the Foxboro Cable Access, Inc. (FCA) facilities or off-site while engaged in activities associated with FCA, for his/her use of FCA equipment, and for the content of the programming that he/she may cablecast over the FCA community channels.

I have read and understand the FCA Guidelines for Community TV and have discussed them with my child/minor. I agree and understand that my son/daughter/minor will be operating various kinds of electronic production equipment and will be expected to conform with and adhere to all regulations, guidelines and requirements in effect concerning the use of FCA equipment and facilities.

I agree to indemnify and hold FCA and its employees harmless from and against any claims, damages, losses, liabilities or other obligations, including, without limitation, reasonable attorneys' fees and costs arising from or related to any program material that my son/daughter/minor produces and has cablecast over the FCA channels, including (but not limited to) any claims in the nature of libel, slander, invasion of privacy or publicity right, non-compliance with applicable laws and unauthorized use of copyrighted material. I understand further that I may be civilly liable for his/her performing or producing such material which is cablecast.

I agree to take full responsibility for any portable equipment which my son/daughter/minor may check-out from FCA and agree to pay for any damage, misuse or theft which occurs while the equipment is in my or my child's/minor's possession or control.

I understand that due to the nature of TV production activities, FCA and its staff are not able to provide constant supervision of my child/minor. I acknowledge and understand that I am encouraged to monitor and/or participate in production activities with my son/daughter/minor.

If my son/daughter/minor participates in multi-camera remote productions, arrangements for participation will be made on an event by event basis, with the producer and Executive Director.

I also understand that my child/minor may be videotaped or photographed while volunteering with FCA. I hereby grant permission for the use of any such video or photograph to be used on the FCA community channels, in print or on the internet.

I understand that this Consent and the representations made herein may only be revoked by written notice to the Executive Director of FCA

<u>PARENT/GUARDIAN</u>	
PRINT NAME: _____	SIGNATURE: _____
RELATIONSHIP TO MINOR: _____	DATE: _____
EMERGENCY CONTACT INFO:	
NAME: _____	PHONE: _____