

Granby Community Access & Media, Inc.

P.O. Box 379, Granby MA 01033

(413) 467-1180

director@granbymedia.com

Full Name (please print)	_____
Organization (if applicable)	_____
Address (Street, Apt., etc)	_____
City/Town, State, Zip	_____
Phone	_____
E-mail	_____

Conditions of Membership

I the undersigned, hereby enroll as a member of Granby Community Access & Media, Inc., (GCAM). As a member I agree to indemnify and hold harmless GCAM against any claims arising out of any program or program material produced and/or sponsored, including, but not limited to claims in the nature of libel, slander, invasion of privacy or publicity rights, non-compliance with applicable laws, license fees and unauthorized use of copyrighted material, including reasonable attorneys' fees.

I agree not to produce and/or sponsor any programming for air from which revenue is derived or the purpose of which is to conduct trade or commerce. *This stipulation does not include programming supported by underwriting grants or contributions of any kind, or programming supportive of Granby Public Access Television.*

I agree to assume full responsibility for damage to or loss of property or access equipment resulting from negligent use. I agree to reimburse Granby Community Access & Media, Inc. (GCAM) for the full market value of such equipment for replacement or repair. I understand that negligent use of equipment and facilities will result in the forfeiture of the right to use such equipment in the future. I agree to use loaned access equipment only for the purpose of producing video programming which will air on the access channel(s). I understand that only members whose memberships are in good standing may borrow equipment or be a program producer.

- ❖ I have read and agree with the Conditions of Membership.
- ❖ I verify that the above personal/organizational information is accurate.
- ❖ A parent or guardian signature is required for any member under the age of 18.

Member Signature & Date:	_____
--------------------------	-------

Printed Name & Signature of Parent or Guardian if Member is under 18 / age if minor

MEMBERSHIP # _____