



DRACUT ACCESS TELEVISION, INC.

Agreement with Policies and Regulations (Form B)

Dracut Access Television, Inc.
91 Mill Street, Suite 8
Dracut, MA 01826
978-957-5522

FOR PRODUCERS

I, _____ HAVE READ, AND AM FAMILIAR WITH AND AGREE TO ABIDE BY DRACUT ACCESS TELEVISION, INC. POLICY AND REGULATIONS AS SET FORTH IN THIS DOCUMENT.

MEMBERS SIGNATURE _____

DATE _____

For PARENT or LEGAL GUARDIAN if Producer is under 18 years of age:

I, _____ HAVE READ, AND AM FAMILIAR WITH THE DRACUT ACCESS TELEVISION, INC. POLICY AND REGULATIONS AS SET FORTH IN THIS DOCUMENT, AND AGREE TO ACCEPT RESPONSIBILITY OF MY MINOR CHILD.

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____