



Public Access Northern Dutchess Area Inc.

PUBLIC ACCESS USER AGREEMENT

I hereby certify that I have read the PANDA Public Access Policy document, and that I, as well as all programs I submit, will comply with the guidelines.

Applicant's printed name

Signature of applicant

Date

Organization/Entity represented (if applicable)

Physical Address / City / State / Zip

Phone Number

Email Address

If applicant is under 18 years of age, the following must be completed and signed:

I certify that I am the parent, guardian or teacher of the Applicant named above, (print name of Applicant) _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her activities referred to in the Public Access User Agreement.

Printed name

Signature

Date

Do not include my programs on PANDA's on-demand media.

A signed Agreement must be on file at the PANDA office and dated for a given calendar year in order for any submissions to be accepted from that producer in that given calendar year. This document is a public record.