AUGUSTA SCHOOL DEPARTMENT
MEDIA RIGHTS APPLICATION AND AGREEMENT

Please complete the following form to request the right and privilege to video stream live events.

This Media Rights Application and Agreement (the “Agreement”) must be completed, signed, and filed with the Augusta School Department by 3 p.m. on the business day preceding the first date of the event(s) for which radio broadcast, telecast, or webcast rights are being applied. Filings received past the deadline are subject to a $50 late fee. Please type or print legibly the information requested in the fields supplied below and email the completed and signed Agreement to jmillett@augustaschools.org.

This will confirm that (station call letters, organization or company) __________________ (the “outlet”) is requesting the right and privilege to originate a (___radio broadcast) (___telecast) (___audio webcast) (___video webcast) of the following event:

SPORT
Fall: ___ Football; ___ Volleyball; ___ Soccer; ___ Field Hockey; ___ Cross Country; ___Golf; ___Cheering

Winter: ___ Basketball; ___ Swimming; ___ Wrestling; ___ Indoor Track; _____Hockey___Cheering

Spring: ___ Lacrosse; ___ Track and Field; ___ Baseball; ___ Softball; Other: _________________

LEVEL: ___ Season Game; ___ Pre or Post Season Game; ___Regional tournament quarterfinal; ___Regional tournament semifinal

EVENTS
Date: __________ Site/Host School: __________________ Opponent Team: __________________

OPPOSITE GENDER EVENT
Date: __________ Site/Host School: __________________ Opponent Team: __________________

Commercial advertisers for this broadcast/telecast/webcast are (provide names of all commercial advertisers):
____________________________________________________________________________________

Please list the names of the people on the broadcast/telecast/webcast crew:
____________________________________________________________________________________
____________________________________________________________________________________
By submitting this request to the Augusta School Department or “ASD,” I, on behalf of myself and the submitting outlet, acknowledge our understanding of the Augusta School Department's broadcast policy (KHD), as outlined in this Agreement, and our agreement to comply with such policy as well as our agreement to the terms of this Application and Agreement (KGD-E).

Please initial by each of these statements.

___ B. 1 Approval and Rights held by ASD
___ B. 2 Delaying a Contest is Prohibited
___ B. 3 Exception for Live Telecasts
___ B. 4 Unauthorized Reproduction
___ B. 5 ASD Approval of Broadcast
___ B. 6 Right to Refuse
___ B. 7 Seating and Equipment Set Up
___ B. 8 Seating Policies
___ B. 9 Limited Seating Areas
___ B. 10 Camera Positioning
___ B. 11 PA Announcements
___ B. 12 Disclaimer
___ B. 13 Objective Announcing
___ B. 14 Sponsors
___ B. 15 Failure to Comply
___ B. 16 Unauthorized Broadcast
___ B. 17 Amending Broadcast Policy
___ C. Obtaining Broadcast Rights
___ D. Gender Balance
___ E. Payment of Rights Fees
___ F. Commercials and Sponsors
___ G. Delay of Live Performance
___ H. Comments on Social Media
___ I. Drones
___ J. Access

The outlet shall hold the ASD harmless from all liabilities, losses, costs, and damages arising out of any injury to persons or damage to property that occurs on the contest premises. The outlet shall indemnify and defend the ASD from and against all claims, liabilities, losses, costs, damages, and expenses arising out of or relating to all activities of the outlet. _______________(Initial)

This Agreement is governed by the laws of the State of Maine (without giving effect to its principles relating to conflicts of laws). Any action relating to this Agreement shall be brought exclusively in federal or state court in Maine and the parties consent to the personal jurisdiction of either such court.

This Agreement constitutes the entire agreement between the parties with respect to its subject matter and may not be amended by the parties except as expressly stated in this Agreement.
Name of individual(s) & title submitting form: __________________________________________

Billing address (street, route or P.O. Box) including City, State, and Zip
____________________________________________________________________________________

Email Address: _______________________________________________________________________

Phone: ____________________________ Fax: _________________________________

Signature: _________________________ Date: ____________________________

Augusta School Department Use Only:

Broadcast/telecast/webcast authorized by: ________________________________________________

Printed Name of ASD Administrator: ______________________________________________________

Signature of ASD Administrator: ___________________________ Date: _________________________

Fees to be invoiced: ______________________________________________________________________

Originating fee: _________________________________________________________________________

Late Fee: _______________________________________________________________________________

Total Fees: _____________________________________________________________________________

Originating Processing fee: $25.00 per school year $50.00 for each regular season game/$100.00 for each play-off game (one fee includes both game and opposite gender game).