

HOLLISTON CABLE ACCESS, INC.

PARENTAL PERMISSION FORM

I hereby give my permission for \_\_\_\_\_, to use the equipment and facilities of HCAT. My child may participate in community television productions, which take place at the studio\_\_\_\_ and field productions\_\_\_\_ using the portable equipment. (Please initial those locations where the minor is allowed to participate.)

In cases where my child wishes to request facility or equipment use, I will sign all relevant forms accepting responsibility for the equipment and facilities.

I indemnify and hold harmless HCAT and Holliston Cable Access, Inc. from any liability while my child is using the equipment or facilities at any time.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

NAME OF MINOR (PRINT): \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE  
NOTIFY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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If there are any special physical needs that your child has and are relevant to facility or equipment use, and that we may be helpful with, please specify. Also, please specify any time restrictions that we should be aware of regarding use of the HCAT facilities.

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