



KTBS 3
Attn: Accounting Dept.
312 East Kings Highway
Shreveport, LA 71104
Phone: 318-861-5800 Fax: 318-219-4634

VIDEO REQUEST FORM

I request a video copy of _____ which
aired on _____ during the _____ newscast.

Format: VHS DVD

I agree this video copy is made available under the following conditions, restrictions and
limitations:

I understand the video aired as part of a regularly scheduled newscast of KTBS, Inc., and, as such, is copyrighted and
owned by KTBS, Inc., and is subject to all applicable laws and regulations governing such copyrighted material.

The video will be maintained in a personal video collection/archive/training library, and shall be shown for private; non-
commercial and personal use only and may not be shown publicly in any manner.

The video, or segments thereof, will not be used for any commercial purpose and may not be included in any advertising or
promotional venture whatsoever.

The video, or segments thereof, will not be used in the preparation of or as evidence in any legal action or lawsuit.

The video may not be used in any manner that would be inconsistent with the policies and image of KTBS, Inc.

KTBS, Inc. reserves all legal rights it may have to enjoin the unauthorized use of the video, to cancel this agreement and
demand return of the video in the event of a violation, without refund (which shall be liquidated damages) and to seek
damages including reasonable attorney's fees.

**Payment should be tendered by check or money order payable to KTBS, Inc. in the amount
of \$45.00 at time of request. Allow 2-4 weeks for duplication. The Production Manager will
call when your tape is ready for pick-up.**

**I will abide by the conditions, restrictions and limitations placed on the use of the
video provided me as outlined above. Payment is enclosed.**

NAME: _____

Signature

ADDRESS: _____

Date

PHONE: _____