



## PARTICIPATION FORM

Participate in:  Adults  Youth

Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

School Name \_\_\_\_\_

Class \_\_\_\_\_ Section \_\_\_\_\_

University \_\_\_\_\_

Degree \_\_\_\_\_

Grade/Class \_\_\_\_\_

Associations, organizations, affiliations

IF SO, THE PARTICIPATION FORM MUST BE COMPLETED BY A LEGAL REPRESENTATIVE FOR THE TIME BEING.

Title of the work \_\_\_\_\_

Author \_\_\_\_\_

Director \_\_\_\_\_

Scenario writer \_\_\_\_\_

Length \_\_\_\_\_

Producer \_\_\_\_\_

Completion date \_\_\_\_\_ Genre \_\_\_\_\_

Actors \_\_\_\_\_

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Short Description \_\_\_\_\_

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Director's Biography \_\_\_\_\_

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Awards Won for the Film \_\_\_\_\_

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Previous Festivals the Film Participated in \_\_\_\_\_

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**N.B. ALL FIELDS MUST BE FILLED IN. PARENTS OR LEGAL GUARDIANS ARE REQUIRED TO ALSO SIGN AND ATTACH A COPY OF THEIR IDENTITY PAPERS/ID AS STATED IN THE RULES AND REGULATIONS.**

I, the undersigned, hereby ask to participate in festival A-Day Movies. By signing, I acknowledge that I have read the rules and regulations for the competition and the privacy statement, which is available on the website [www.daymovies.it](http://www.daymovies.it), and I agree to all clauses. I affirm that the undersigned is the maker or the authorized agent of the maker of the submitted title. I, the undersigned, grant permission to the Administrative Office of A-Day Movies to exhibit and/or make it public through different means (including but not limited to: television, Youtube, ect.) or in other cultural festivals without the requirement from the undersigned to oblige prior notice nor recognition of any kind except the citation in the capacity of the author.

Date and Place

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Signature (full name and Legible)

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I authorize the administrative office of A-Day Movies to process my personal details according to ex d.lgs. n. 196/03 for the purpose of the competition. (Permission is required for participation).

Yes No

I agree to have my personal details shared with A-Day Movie partners and AdolescenDay and to receive special offers. (Permission is optional)

Yes No

Date and Place

Signature (full name and Legible)

\_\_\_\_\_

\_\_\_\_\_

**IF THE PARTICIPANT IS A MINOR, FILL IN PARENT'S (OR LEGAL GUARDIAN'S) DETAIL AND ATTACH A COPY OF THE IDENTITY PAPERS/ID (OR OTHER AUTHORIZED MEASURES).**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ Address \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ email \_\_\_\_\_

Date and Place

Signature (full name and Legible)

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ Address \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ email \_\_\_\_\_

Date and Place

Signature (full name and Legible)

\_\_\_\_\_

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## 2 - MUSIC RELEASE

I, the undersigned, \_\_\_\_\_ (full name)

was born in \_\_\_\_\_, (city) on the \_\_\_\_\_ (date)

and reside in \_\_\_\_\_ (city) on \_\_\_\_\_ (street)

province/state \_\_\_\_\_ tel. \_\_\_\_\_ email \_\_\_\_\_

declare that I am the owner and/or have the ability of free and full rights to air time, commercial use and utilization of all of the music which was inserted by me in the work titled

\_\_\_\_\_

presented in the IV edition of "A-Day Movies." I give my limitless and free authorization without authority limits for all forms of free and onerous public screenings considered appropriate with the purpose of cultural and informative promotions regarding the Festival or themes covered (explicitly including on the website or other appearances on digital media or airings on television). As stated in the rules and regulations, which I have completely accepted by signing the participation form, that the organization of the festival will not be held liable for any infringement of copyrights related to music, stock or other footage or any material which the maker or representative or agent may be responsible for. I accept that the organization of the festival will also not be liable for any mistakes in the information I have provided, any damages to third party rights following air time or release, or third party music rights, and claim responsibility for the music, joint management or for any other title or reason.

With my signature on this form, I explicitly authorize the organization of the festival to show my work in private, in public and on online through the appropriate means of communication including the music the way I put it in. All eventual infringement of the law of the author, copyright, or any infringement of the SIAE rules will be changed solely to the undersigned and in the case of a complaint from third party members, I explicitly authorize the organization of the festival to forward the requests including compensation for damages. I do not hold the organization of the festival accountable for any damages resulting from my conduct.

Place, date and signature:

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**FOR MINORS, SIGNATURE AND PERSONAL INFORMATION OF THE PARENTS (OR LEGAL GUARDIANS) AND ATTACH A COPY OF IDENTIFY PAPERS/ID (OR OTHER AUTHORIZED MEASURES).**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ Address \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ email \_\_\_\_\_

Date and Place

Signature (full name and Legible)

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Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 City \_\_\_\_\_ Address \_\_\_\_\_  
 Home/Mobile Phone \_\_\_\_\_ email \_\_\_\_\_  
 Date and Place \_\_\_\_\_ Signature (full name and Legible) \_\_\_\_\_

**3 - GENERAL RELEASE FOR THE RIGHTS OF USE OF THE WORK**

I, the undersigned, \_\_\_\_\_ (full name) was born in \_\_\_\_\_, (city) on the \_\_\_\_\_ (date) and reside in \_\_\_\_\_ (city) on \_\_\_\_\_ (street) province/state \_\_\_\_\_ tel. \_\_\_\_\_ email \_\_\_\_\_

declare to be the sole owner of the work and/or have the free rights use the work and every part of the form (explicitly including those tied to the artistic staff and technician who co-operated in the making of the product) including those relating to music, copyright, author rights, image rights and the commercial utilization, of the title \_\_\_\_\_.

It includes the images, wording and sounds which I hand to the organization of "A-Day Movies" in accordance to the conditions listed in the form. I acknowledge, duly accept and underwrite, as indicated specifically and clearly in the rules and regulations and in the application form and participating (where the undersigning implies total acceptance in all clauses) and the module attached in the above-stated Festival.

By accepting the rules and regulations and the announcement of competition, and signing the application form and releases for privacy, screening and music, I declare I am the sole owner, until proven otherwise, of the work I present; others, third parties, or members of the artistic staff or technicians have no claim to the work. The members of my artistic cast and organization, third parties and I will not challenge, beginning with, the organization of the festival "A-Day Movies," who receive my work, completed with the required documents for participation and, in good faith, trusts that the same work comes from the undersigned, who is the sole owner of the rights connected to him regarding type and content. Moreover, I authorize the organization of the festival to transmit my work also in other events related to A-Day Movies and its online sites as mentioned in the rules and regulations that I have explicitly accepted. Possible damage claims for alleged violations with regard to the work on the part of third parties, or of members of the cast of the work who I have registered or from

whoever and with whichever title will therefore be chargeable solely to the undersigned, and thus charges will be forwarded by the organization of the Festival.

Place, date and signature:

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**FOR MINORS, SIGNATURE AND PERSONAL INFORMATION OF THE PARENTS (OR LEGAL GUARDIANS) AND ATTACH A COPY OF IDENTIFY PAPERS/ID (OR OTHER AUTHORIZED MEASURES).**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ Address \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ email \_\_\_\_\_

Date and Place

Signature (full name and Legible)

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Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ Address \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ email \_\_\_\_\_

Date and Place

Signature (full name and Legible)

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