

## **PARTICIPATION FORM**

	☐ Adults	☐ Youth	☐ Web Special				
	CANTS FROM ADULTS AND YOUTH NT WORK (CFR. CODE ART. 5).	I CAN PARTICIPATE IN	THE WEB SPECIAL SECTION WITH THE				
Name _	WY WORK (OF N. GOBE 71KY. 6).						
Surname							
Date of Birth	ate of Birth						
Birthplace _							
Address							
City		Province/State					
Phone number_	ne number						
Email _							
Facebook _		Twitter					
School Name							
Class	Section						
University							
Degree							
Grade/Class							
	rganizations, affiliations IPATION FORM MUST BE COMPLET	'ED BY A LEGAL REPRE	ESENTATIVE FOR THE TIME BEING.				
Title of the work	ζ						
Author							
Director							
Scenario writer							
Length							
Completion date	e	Genre					
Actors							

Short Description		
Director's Biography	/	
Awards Won for the	Film	
Previous Festivals t	he Film Participated in	
N.B. VII. EIEI D.S. MII.S.	F RE EILLED IN DADENTS OF	R LEGAL GUARDIANS ARE REQUIRED TO ALSO SIGN
		S/ID AS STATED IN THE RULES AND REGULATIONS.
-		Movies. By signing, I acknowledge that I have read the rules and
		th is available on the website www.daymovies.it, and I agree to al rized agent of the maker of the submitted title. I, the undersigned
		to exhibit and/or make it public through different means (including
but not limited to: television	n, 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	e capacity of the author.
Date and Place	S	ignature (full name and Legible)
	_	
I authorize the administrati	ve office of A-Day Movies to proce	ess my personal details according to ex d.lgs. n. 196/03 for the
	(Permission is required for participa	ation).
Yes	No	ovie partners and AdolescenDay and to receive special offers
(Permission is optional)	nai details shared with A-Day Mc	ovie partiers and Adolescenday and to receive special offers
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
	ROTHER AUTHORIZED MEASUR	·
	Surname	
• • • • • • • • • • • • • • • • • • • •	Place of Birth	
	Address	
	email	
Date and Place		Signature (full name and Legible)
Name_	- Surname	
	Surname Place of Birth	
City		
Home/Mobile Phone		
Date and Place		Signature (full name and Legible)
		5 (

## 2 - MUSIC RELEASE

I, the undersigned,		(full name)
was born in	,(city) on the (city) on email	(date)
and reside in	(city) on	(street)
province/state tel	email	
declare that I am the owner and	d/or have the ability of free and full rights	 s to air time_commercial
	the music which was inserted by	·
authority limits for all forms of frethe purpose of cultural and information (explicitly including on the westelevision). As stated in the rule the participation form, that the infringement of copyrights related maker or representative or age festival will also not be liable for to third party rights following responsibility for the music, join With my signature on this form my work in private, in public ar including the music the way I copyright, or any infringement of in the case of a complaint from the festival to forward the requirements.	A-Day Movies." I give my limitless and free and onerous public screenings consormative promotions regarding the Festebsite or other appearances on digites and regulations, which I have complete organization of the festival will not ted to music, stock or other footage or ent may be responsible for. I accept that any mistakes in the information I have air time or release, or third party not management or for any other title or not not in. All eventual infringement of the SIAE rules will be changed solely in third party members, I explicitly authorizes including compensation for dama ountable for any damages resulting fro	sidered appropriate with tival or themes covered al media or airings on tely accepted by signing be held liable for any material which the the organization of the provided, any damages nusic rights, and claim reason.  In of the festival to show the law of the author, to the undersigned and orize the organization of ages. I do not hold the
Place, date and signature:		
AND ATTACH A COPY OF IDENTIF Name	ERSONAL INFORMATION OF THE PARENTS Y PAPERS/ID (OR OTHER AUTHORIZED MESurname	ASURES).
	Place of Birth	
	Address	
Date and Place	emailSignature (fi	ull name and Legible)
Name	Surname	
Date of Birth		
City	Address	
Home/Mobile Phone		
Date and Place	Signature (fi	ull name and Legible)

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

I, the undersigned,		(full name)	
was born in			
and reside in	(city) on	(street)	
province/state	tel e	mail	
declare to be the sole	owner of the work and/or hav	ve the free rights use the work and every	
part of the form (expl	icitly including those tied to t	the artistic staff and technician who co-	
• • • • • • • • • • • • • • • • • • • •	•	nose relating to music, copyright, author	
		f the title	
		and to the organization of "A-Day Movies"	
_		cknowledge, duly accept and underwrite,	
		d regulations and in the application form	
	- <del>-</del>	total acceptance in all clauses) and the	
	e above-stated Festival.	,	
		uncement of competition, and signing the	
	-	and music, I declare I am the sole owner,	
• •		s, third parties, or members of the artistic	
·		The members of my artistic cast and	
		beginning with, the organization of the	
<del>-</del>	_	mpleted with the required documents for	
•	•	work comes from the undersigned, who	
·		regarding type and content. Moreover, I	
	<del>-</del>	my work also in other events related to A-	
		rules and regulations that I have explicitly	
•		ions with regard to the work on the part of	
•	-	ho I have registered or from whoever and	
•		ely to the undersigned, and thus charges	
	e organization of the Festival.	-	
will be forwarded by th	e organization of the restival.		
Place, date and signat	ure.		
r idoo, dato drid oigridt	are.		
FOR MINORS, SIGNATUR	RE AND PERSONAL INFORMATION	N OF THE PARENTS (OR LEGAL GUARDIANS)	
AND ATTACH A COPY OF	FIDENTIFY PAPERS/ID (OR OTHER	R AUTHORIZED MEASURES).	
	Surname		
· · · · · · · · · · · · · · · · · · ·	Place of Birth		
	Address email		
Date and Place		Signature (full name and Legible)	
	-		
Name	C		
Name Date of Birth	Surname Place of Birth		
City			
	email		
Date and Place		Signature (full name and Legible)	
	-		