



REGISTRATION APPLICATION

Print this form and turn it in at the film submission site on Sunday
March 23rd with your film before end of the competition

Team Name: _____

Team Contact Person: _____ Phone/Email _____

Team Participants: **Print Name/Email**

_____	Email: _____
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I/We have read and understand the Official Rules for 50 Hour Slam and agree to comply.

I/We also indemnify the 50 Hour Slam organization and all of its partners and hold them harmless from and against any liability, penalty, interest, loss, claim, demand, cost or expense resulting from completion of the film or caused by my/our gross negligence or willful misconduct.

I/We authorizes the 50 Hour Slam organization the use of my/our image captured in photograph or video as well as the aforesaid film and all its components in conjunction with the film production created and accepted for submission by the 50 Hour Slam in any manner they deem fit including, but not limited to, the purpose of advertising and exploiting of the festival, the organizers and sponsors of the 50 Hour Slam, and future events not directly connected to the 50 Hour Slam.

Signatures: PLEASE SIGN AND DATE

_____	Date: _____
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NUMBER OF TEAM MEMBERS

Please indicate here the total number of members who participated in your Slam Entry. (This includes crew any and all performers who appeared in your film.