



Producer's Admission Form

How it works:

Send film on DVD or mini DV with all paperwork and completed registration form, to:
*Communications Department, Hospice of Michigan
 400 Mack Avenue, Detroit, MI 48201*

Application Deadline:

Monday, June 30, 2008

Contest Rules and Entry Checklist

- 1. Anyone can enter.
- 2. All films must be five minutes or under from the start of the film to the end of the credits excluding the 10 seconds of black that must appear before the start of your film.
- 3. All entrants must submit the film along with all paperwork (signed releases, proof of royalty free or original music, registration, etc.).
- 4. Official registration forms must be completed in full, including one contact name, phone and email.
- 5. All entries must be submitted on DVD or mini DV format.
- 6. Any music that is used must be original or royalty free.
- 7. Entrants may enter as many times as they wish.
- 8. All decisions on winners and finalists are final.
- 9. The winning films, including the top 10 films, will be subject to the use of Hospice of Michigan for use in promotional materials and commercials.
- 10. Film content must be centered on:
 - End-of-life / hospice experiences
 - What people fear about dying
 - Conversations about what people want at the end of life
- 11. Questions regarding the contest: communicate@HOM.org.

NO copyrighted music will be allowed unless proper permission has been granted.

----- WE **MUST** BE ABLE TO REACH YOU! -----

PRODUCER'S NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

CELL PHONE _____

EMAIL ADDRESS _____

CATEGORIES: HIGH SCHOOL (SCHOOL NAME _____) POST HIGH SCHOOL

PARTICIPATION AGREEMENT
(Must be signed to participate)

(i) I have read, understand and agree fully to the Contest Rules for the Hospice of Michigan (HOM) A Fine Farewell Film Contest (AFFFC) and hereby request to participate in the AFFFC by submitting a film, of which I will retain the exclusive rights and authority over except as provided herein. (ii) I understand that HOM will not use any material submitted by me for commercial purposes without my written consent except in connection with AFFFC, including, without limitation, incorporating my submission or parts of my submission on a compilation DVD that will be available for purchase after the contest, in promotional materials for any future AFFFC or for educational purposes. (iii) HOM is not my agent or manager or for any material submitted to HOM by me. (iv) I understand that all materials submitted will not be returned and I hereby release HOM and all its employees, agents, associates and sponsors, from any and all liability for loss or theft of, or damage to, materials being submitted to HOM. (v) I agree that HOM reserves the right to cancel the AFFFC or any part of its scheduled program and that HOM assumes no responsibility for expenses that this action may cause. (vi) I release HOM and all its employees, agents, associates and sponsors from any and all liability for loss, theft, damage, personal injury, or death while participating in the AFFFC. **DISCLAIMER OF LIABILITY: IN NO EVENT WILL HOM BE LIABLE FOR ANY LOSS; LOSS OF USE; OR DAMAGE TO ME, MY PRODUCTION OR MEMBERS OF MY PRODUCTION TEAM.** (vii) I have read, understand, and agree fully to the HOM policies and guidelines as contained in this Producer's Submission Form and agree to be bound by those terms and conditions. (viii) I am duly authorized to submit the film I am delivering to HOM, and I assume complete responsibility for determining that the film is eligible for submitting. (ix) I agree that, with respect to any film I have submitted to HOM, I have the sole and exclusive ownership of, or the appropriate licenses for, all copyrighted material contained therein, and I hereby indemnify and hold harmless HOM and all of its employees, agents, associates or sponsors from any and all claims or liability resulting from any breach of the agreements set forth on this Producer Submission Form.

(x) I fully attest that all of the statements in this Producer Submission Form are true and correct as of the date hereof.

Signature _____ Date _____

Signature of Parent or Guardian (if under the age of 18) _____ Date _____

For more information: Hospice of Michigan, 400 Mack Ave., Detroit, MI 48201, (313) 578-5041 communicate@hom.org | www.hom.org
 Office Hours: Mon - Fri, 9 a.m. - 5 p.m. Presented by Hospice of Michigan, a 501(c)3 non-profit company