**B.I.S.A. Application form**

**Family name\*:**

**First name\*:**

**E-mail address\*:**

**Country of birth:**

**Birth date\*** (you must be 18 or older to apply)**:**

**Citizenship\*:**

**How did you find this school:**

[ ]  word of mouth, [ ]  search engines, [ ]  AIA website, [ ]  recommended by a professor, [ ] else……………

**Spoken languages (Knowledge of Italian not required, but considered an advantage, as for French):**

**University/School\*:**

**AIA Member**:

[ ]  Yes

[ ]  No

**Session/shift you intend to attend:**

**Introducing** (if you bring three paying people with you, you will be responsible for coordinating their journey to the field school and you will be able to participate to the campaign for the same period with a 50% reduction!)**:**

**Health and medical information\*:**

**Dietary special requests\*:**

**Notes:**

Please remember to attach:

1. **cover letter;**
2. **medical certificate of good mental and physical health and medical history – if students have medical conditions, the certificate should be filled out and signed by a treating specialist;**
3. **proof of Insurance – students must have a valid international health and injury insurance and must provide the insurance provider’s contact information as well as the policy number;**
4. **proof of valid tetanus vaccination or booster.**

**Video Appearance Release Form**

Me, undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, fiscal code number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to Associazione “Cultura e Territorio”, fiscal code number 97687910014, to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial of “la Biagiola International School of Archaeology” and for didactics videos.

I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by Associazione “Cultura e Territorio” to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of Associazione “Cultura e Territorio” may use and/or reproduce such photographs and recordings.

I hereby release Associazione “Cultura e Territorio” and any of its associated or affiliated companies, their directors, agents, and employees, from all claims of every kind on account of such use.

Name (Uppercase): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_