REGISTRATION FORM – LA COMMEDIA DELL'ARTE

12–24 AUGUST
SHARING ART
2027

PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

Date of Birth : _____

Place of Birth: _____

Nationality: _____

Passport Number: _____

Passport Expiration Date: _____

Residential Address: _____

City: _____

State / Province: _____

Postal / ZIP Code: _____

Country: _____

Phone / WhatsApp: _____

E-mail: _____

EMERGENCY CONTACT

Full Name: _____

Relationship to Participant: _____

Phone / WhatsApp: _____

E-mail: _____

EDUCATION AND ARTISTIC EXPERIENCE

Profession / Current Occupation:

_____

_____

Acting School, Theatre School, or Institution you are affiliated with (if applicable):

_____

_____

Briefly describe your previous experience in theatre, acting, movement, dance, circus, music, or the performing arts:

_____

_____

_____

_____

Have you previously studied or practiced Commedia dell'Arte?

☐ Yes
☐ No

If yes, briefly describe your experience:

_____

_____

_____

MOTIVATION

Why would you like to participate in the Commedia dell'Arte Masterclass in Pompeii?

LANGUAGE SKILLS

Level of Italian language proficiency:

☐ Fluent
☐ Intermediate
☐ Basic
☐ No knowledge

Other languages spoken: _____

HEALTH, ACCESSIBILITY, AND DIETARY REQUIREMENTS

Please indicate any accessibility needs, allergies, intolerances, dietary restrictions, or any other information you consider appropriate to communicate to the organizers:

MASTERCLASS INFORMATION

Program: Commedia dell'Arte Masterclass
Location: Pompeii, Campania, Italy
Dates: August 12–24, 2027
Organizer: Sharing Art – Associazione Culturale ETS

The Masterclass is designed as an immersive experience dedicated to the study and practice of **Commedia dell'Arte**, with particular emphasis on physical acting, character development, mask work, improvisation, stage movement, ensemble work, and the Italian theatrical tradition.

REGISTRATION FEE AND PAYMENT METHODS

The registration fee for the **Commedia dell'Arte Masterclass – Pompeii, August 12–24, 2027** is:

USD $3,995.00

The registration fee must be paid by **bank transfer** to the following bank account no later than June 12, 2027:

Account Holder: KLIMAX
Bank: Deutsche Bank
IBAN / Account Number: IT42K0310403216000000821231
SWIFT / BIC: DEUTDEFFXXX

Payment Reference / Description:

VOLUNTARY DONATION – PARTICIPANT'S FIRST AND LAST NAME

The participant must include their **first and last name** in the bank transfer reference/description so that the organization can correctly identify the payment.

Any bank fees and charges relating to the transfer, including any fees charged by intermediary banks for international transfers, shall be borne by the participant. The net amount received must therefore correspond to the registration fee of **USD $3,995.00**.

Date of Bank Transfer: _____

Amount Paid: _____

Reference / Transaction ID: _____

PHOTO AND VIDEO AUTHORIZATION

During the Masterclass, photographs and audiovisual recordings may be taken for the purpose of documenting and communicating the cultural activities.

☐ I authorize Sharing Art – Associazione Culturale ETS to use photographs and video recordings in which I appear for institutional, cultural, educational, archival, and communication purposes, including on its website and social media channels, in compliance with applicable laws and regulations.

☐ I do not authorize the use of photographs or video recordings in which I am identifiable, except where otherwise permitted by applicable law.

PRIVACY AND PROCESSING OF PERSONAL DATA

I acknowledge that I have been informed that the personal data provided through this form will be processed by **Sharing Art – Associazione Culturale ETS** for purposes related to the application, registration, organization, administrative management, and participation in the Masterclass.

The complete privacy notice regarding the processing of personal data and any requests for consent required under applicable Italian and European legislation will be provided by the organizer in accordance with the law.

ADDITIONAL TERMS AND CONDITIONS

Art. 1 – In order to participate in the **COMMEDIA DELL'ARTE MASTERCLASS**, participants must be members of **SHARING ART ASSOCIATION**. Therefore, by signing this form and paying the fee, the participant becomes a participating member solely for the duration of the event.

Art. 2 – Participation is subject to possession of a medical certificate confirming that the participant is in good health and fit to participate.

Art. 3 – By signing this document, the participant releases the organization from any liability for any damage or injury to persons or property occurring during the **MASTERCLASS**, or during any other activity carried out at the facilities hosting the **COMMEDIA DELL'ARTE MASTERCLASS**, as the participant acknowledges the risks that such activities may involve and releases the organization from any and all liability in this regard. Signing this registration form constitutes formal consent to the above terms.

Art. 4 – The organization shall not be liable for the loss, theft, or damage of belongings, valuables, or personal effects brought by participants into the facilities hosting the **COMMEDIA DELL'ARTE MASTERCLASS**.

Art. 5 – Participants, and in the case of minors, the persons exercising parental authority over them, are personally liable for any damage caused to the facilities hosting the **COMMEDIA DELL'ARTE MASTERCLASS**. The organizers shall bear no responsibility in this regard and assume no obligation for the safekeeping of participants' belongings.

Art. 7 – Under no circumstances and for no reason shall the participant be entitled to a refund of any amounts paid. Such amounts shall be refundable only if the **COMMEDIA DELL'ARTE MASTERCLASS** is cancelled by the organization.

The participant declares that they have carefully reviewed all the provisions of this form and have received a copy thereof. As evidence of their approval, the participant signs again, expressly accepting, pursuant to Articles 1341 and 1342 of the Italian Civil Code, the conditions contained in Articles 1, 2, 3, 4, 5, 6, and 7, after having read them again.

Read, approved, and signed.

Signature: .....

PARTICIPANT DECLARATION

By signing this form, I declare:

- that the information provided regarding the Masterclass program and all services and offerings published on the Sharing Art Pompeii website is true and complete;
- that I request participation in the **Commedia dell'Arte Masterclass to be held in Pompeii from August 12 to August 24, 2027**;
- that I have reviewed the registration fee of **USD $3,995.00** and the relevant payment terms and methods;
- that I have reviewed the regulations of Sharing Art ETS Association published on the Sharing Art Pompeii website, **and that by registering I automatically accept its terms and conditions**;
- that I am aware that submission of this form does not necessarily constitute final confirmation of admission, which must be communicated by the organization;
- that I undertake to comply with the organizational and educational instructions communicated by the organizers;
- that I am responsible for verifying and obtaining the travel documents and any other documentation required for travel to and stay in Italy;
- that the voluntary donation paid is non-refundable.

Participant's Full Name: _____

Signature: _____

Date _____

TO REGISTER, THE FORM MUST BE COMPLETED IN CLEAR, LEGIBLE BLOCK CAPITAL LETTERS AND SIGNED. THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE E-MAIL: A COPY OF THE PASSPORT, CURRICULUM VITAE + 2 PHOTOGRAPHS, AND A COPY OF THE BANK TRANSFER RECEIPT. SEND EVERYTHING TO: CASTINGKLIMAX@GMAIL.COM