

This agreement sets out what Full Story Productions (FSP) and every member of the cast and crew of **OPPOSITION** can expect of each other. Please read it, complete your details and sign below. OPPOSITION is intended for film festival entry.

Auditions 16–17 Oct 2026 · Rehearsal 31 Oct 2026 · Principal filming 7–8 Nov 2026 · Pick-ups TBA

FULL STORY PRODUCTIONS AGREES TO

- 1. Provide refreshments and food on every rehearsal and shoot day.
- 2. Credit you on screen in the finished film, under the name you are known by or the name you request below.
- 3. On request, supply stills, behind-the-scenes footage and a copy of the finished film and credits for your showreel and portfolio (public showreel use after the film’s premiere, to protect festival eligibility).
- 4. Hold a private thank-you screening for cast and crew once the edit is complete.
- 5. Keep your personal and health details confidential, used only for this production and in an emergency.

CAST & CREW AGREE TO

- 1. Take part as an unpaid volunteer. No fee, wage or royalty is payable, now or later.
- 2. Be photographed and filmed at auditions, rehearsals and on set, as announced.
- 3. Allow FSP to use those images and recordings, with your name, likeness and voice, in the film, its festival entries and its publicity, in any media. FSP owns all footage and stills.
- 4. Keep the script and unreleased footage private until FSP releases it.
- 5. **Attend every confirmed rehearsal and shoot day, ready at call time.** Only genuine illness or emergency excuses absence or lateness, and production must be told immediately. Unexplained absence or lateness may result in you being replaced.
- 6. Disclose any illness or health issue, as set out below.

HEALTH DISCLOSURE — REQUIRED. You **must** tell production before any audition, rehearsal or shoot day if you are ill or infectious, or are experiencing any major physical or mental health issue. Full disclosure is essential so we can keep everyone safe and act quickly in a medical emergency. This information stays confidential.

YOUR DETAILS

Full legal name	Name for credits (known-by or requested name)	
Email	Contact number	
Allergies / dietary requirements		
Health conditions, medications, or anything we need to know in a medical emergency		
Next of kin — full name	Relationship	Next of kin — contact number

I have read and understood this agreement. I agree to take part in **OPPOSITION** on these terms, without payment, and declare that the information I have given is true and complete.

Signature	Date	
If under 18: parent/guardian name	Parent/guardian signature	Date