



2015 REGISTRATION FORM

Video Camp for Girls

Orientation: Friday Nov. 6

ORC4G/Shooting: Sat./Sun. Nov. 7 & 8

Post Production: Saturday Nov. 14 & 15

This form should be read and signed by both the Video Camp participant and guardian(s).

Application Deadline: Friday, October 30th 2015

- 1 **Complete this Application Form, the attached Photo/Video Release Form, and the attached Assumption of Risk Release Form.**
- 2 **Please e-mail your completed forms to: workshops@sawvideo.com**

ABOUT VIDEO CAMP FOR GIRLS

The Video Camp for Girls takes place in association with the Ottawa Rock Camp for Girls (ORC4G) weekend in November 2015. The camp will provide an opportunity for training in basic video production and video editing for participants aged 13-17. Under the direction of female instructors and mentors who are professionals in the audio/visual production field, the participants will have the opportunity to create their own videos, and to record and edit a live performance of fellow campers in the Ottawa Rock Camp for girls. The campers will retain copies of the final edited pieces which they can then use in a portfolio, on a resume, or to further their own audio/visual skills in an academic setting. This program seeks to remove socio-economic barriers to training for young women in the technical fields of video production and, to that end, the program will be offered free of charge to the participants. Additionally, this program seeks to establish a set of female role models and mentors to young women and students interested in video production in the community of Ottawa. *Maximum 9 participants, Ages 13-17.*

LOCATION

This Video's Camp will take place over 2 weekends at 3 different locations in Ottawa. The first day will take place on Friday Nov. 6, in the evening at Club SAW, and will be an orientation session & film screening with both Video Campers and Rock Campers in attendance. The following two days (Sat./Sun.) will take place at Capital Recording Studios alongside the Rock Camp. There will also be a Rock Camp Concert in the evening on Sunday Nov. 8 at the Bronson Centre (Mac Hall). Post-production (editing) will take place at SAW Video on Saturday & Sunday Nov. 14 & 15, and the program will end with a screening of the films created.

GENEROUSLY FUNDED BY:



SAW Video Media Art Centre / 67 Rue Nicholas Street / Ottawa / Ontario / K1N 7B9 / Canada /
www.sawvideo.com / workshops@sawvideo.com / T: 613-238-7648 / F: 613-238-4617

Basic Information

Name of Participant: _____

Name of School: _____ Grade: _____ Age: _____

Name of Parent/Guardian: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ ext. _____

Parents Email Address: _____

Participants Email Address: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Emergency Contacts

Name: _____

Relationship _____

Home phone: (_____) _____

Work/cell phone: (_____) _____ ext. _____

Dietary Requirements & Medical Concerns

All information collected is for the purposes of ensuring appropriate care and supervision to the participants in Video Camp.

Any food allergies or concerns we should know about?

Does the student have any medical conditions, allergies, or special needs the staff should know about?

Is the student taking any medications to treat a physical condition?

Photo/Video Release

Over the course of the weekend, there will be instances when photographs and/or videos of your child will be taken. SAW Video would like to be able to use these photos and videos for the strict purpose of promoting and advertising the Video Camp for Girls (e.g. advertising on our website). We ask that you and your child both sign the waiver below thereby allowing SAW Video the right to use these photos for the above purposes.

Print Name of Participant: _____

Signature: _____

I certify that I am a custodial parent and have the aforementioned rights to assign.

Print Name of Parent and/or Guardian: _____

Signature: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Date: _____

ABOUT SAW VIDEO

Founded in 1981, SAW Video is a not-for-profit, artist-run media art centre that fosters the growth and development of artists through access to equipment, training, mentorship, and programming. Our mission is to support a diverse community of media artists empowered by technology, programming and the exchange of ideas.

Info: www.sawvideo.com

Assumption of Risk Release Form

Saw Video's Video Camp for Girls

Release of Negligence and Liability Claims/Emergency Treatment Authorization

(If the child/student is under the age of 18, a parent or guardian must complete and sign this form for the student to participate in any programs at Video Camp for Girls in Ottawa, Ontario)

Child/Participant name _____

Emergency telephone number: (_____) _____

I, _____, allow my child/student to participate in all programs of SAW Video's Video Rock Camp for Girls, and acknowledge that I have read, understand, and agree to the following:

- I understand my (child/student's) voluntary participation in Video Camp for Girls will involve activities that will bring me (my child/student) in contact with heavy equipment, electrical equipment, and musical equipment, within an urban environment. I also understand my (child/student's) voluntary participation in Video Camp for Girls includes traveling outside, with the camp, by walking, from the rehearsal space to the concert venue. These activities may pose risks of injury, or death due to the inherent nature of each activity. I attest that I fully understand the risks and dangers associated with participation in the camp, and understand that the risks and dangers may be caused by my (child/student's) own actions or inaction. I fully accept and assume all risks and responsibilities for losses, costs, and damages arising from my (my child/student's) participation in these activities.
- I voluntarily agree to indemnify and hold harmless the staff of the SAW Video, Ottawa Rock Camp for Girls, Capital Rehearsal Studios, the showcase venue and its owners and employees, from any claims, suits, or actions of any nature which are in any way connected with participation in any and all activities related to the camp. I understand that this Assumption of Risk/Release of Negligence and Liability Claims form binds the child/student's family, heirs, executors, administrators, and assignees, as well as myself.
- In case of emergency, accident, illness, or other incapacity occurring while under the camp's authority, I give my permission to be treated (or to have my child/student treated) by medical professionals and admitted to the hospital if necessary. I further recognize that I am responsible for all incidental medical or emergency expenses incurred on my (or my child/student's) behalf for injuries incurred while under the camp's authority.
- I agree that I (my child/student) will follow all camp rules and will remain within the parameter of camp activities at all times.
- I have read this agreement, understood that I am giving up substantial rights by signing it, and signed it freely and voluntarily.

Signature _____
(Parent or Guardian must sign if the Camper is under the age of 18)

Date: _____

Student Signature _____

Date _____