



CAPE MAY NEW JERSEY STATE FILM FESTIVAL

P.O. Box 595, Cape May New Jersey 08204

2019 FILM CAMP APPLICATION

Description:

This is a five-day full time class for beginning and intermediate filmmakers 12-18 years old. Up to thirty students will be accepted. They will be divided into five groups of 6 students each. Each group will be led by an adult instructor and will write, shoot and edit its own short film. The five films will be shown to students and their families Friday evening.

Director: Sara Werner

Sara Werner, a Cape May native, a professional film maker and returning film camp instructor will be our director this year. Sara produces outstanding films and guides teams to excellent results.

Film Camp Dates and Times: June 24 2019 to June 28, 2019. Daily from 9 until 4 and Friday evening film screening at 7pm.

Location: Cape May Elementary School, Lafayette Street, Cape May.

Participants: Ages 10-18. Class will be limited to 30.

Fee: \$225.00 This may be paid all at once, or in installments; a minimum of \$100.00 must be paid with the application. The full amount must be received by June 10. If the student must cancel, the fee will be fully refunded if cancellation is before June 15. After June 15, refunds will not be possible.

To Apply: Fill out the application and release forms on the next two pages and mail to Cape May Film Society, P.O. Box 595, Cape May, NJ 08204, with a check in the amount of \$100.00 - \$225.00. You may also scan your completed application and email it to vsinnyc7@aol.com and pay by PayPal online through our website. You'll receive a confirmation via e-mail. For questions, contact Film Camp Administrator Veronica Scutaro at vsinnyc7@aol.com or (917) 686-2125. THANK YOU!

The Cape May Film Society is committed to making its programs and facilities accessible to everyone.

Our programs are made possible in part by a grant administered by the Cape May County Culture & Heritage Commission, from funds granted by the New Jersey State Council on the Arts.



APPLICATION FOR 2019 FILM CAMP

Student's Name: _____ Student's Age: _____

Parent/Guardian's Name: _____

Address:

Phone Number: _____ Cell Phone: _____

E-mail _____

What film experience does the student have now? _____

What does the student expect to learn at film camp? _____

If the student will bring a camera or an editing station to Film Camp, please describe the specific camera model and/or video editing software. _____

Please provide the name of a preferred instructor, if any. _____

Any health issues or concerns we should know about? (example: allergic to nuts):

In order to make sure that every child has the opportunity to fully experience all the camp has to offer, please tell us know if your child requires any special accommodation (ie, hearing assistance or other accommodation).

I grant the Cape May New Jersey State Film Festival (CMFS) full rights to copyright, exhibit and publish in any medium all video taken by staff or students while participating in Film Camp 2016. Neither my child nor I will receive any compensation for any such material published or used.

Enclosed is the full payment of \$225.00

Enclosed is a first payment (at least \$100.00; all \$225.00 must be fully paid by June 10)

I understand that all payments will be retained by CMFS if a cancellation is made AFTER June 15.

Parent/Guardian Signature _____



FILM CAMP EMERGENCY AND LIABILITY RELEASE FORM

Cape May New Jersey State Film Festival

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Name of Parent or Guardian: _____

Emergency #: Home: _____ Work: _____ Cell: _____

Family Physician: _____ Phone _____

Travel

I understand that my child's participation in Film Camp may include travel off-site, accompanied by Film Camp instructors or volunteers, including riding in vehicles operated by instructors or volunteers.

Emergency Treatment

I understand that in the case of injury or sickness every attempt will be made to contact me, but in case I cannot be reached, I give my consent for my child to be treated by emergency and medical care professionals, as they deem necessary.

Release, Waiver of Liability, and Indemnity Agreement

I agree with Cape May Film Society to the following in connection with my and my child's participation in Film Camp. I understand and acknowledge the nature and extent of the activities that will be involved in the Film Camp and assume the risk inherent in such activities on behalf of myself and any minor children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against the Cape May Film Society, their directors, officers, employees, subcontractors and agents, and hereby release, excuse and discharge the Cape May Film Society, its directors, officers, employees, subcontractors and agents from all claims, costs, liabilities, expenses (including attorney's fees), and judgments which may arise out of my or my child's participation in the Film Camp.

I further agree to indemnify and hold the Cape May Film Society, its directors, officers, employees, subcontractors and agents harmless from any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments which may arise out of my or my child's participation in Film Camp.

I am the parent or legal guardian of: _____

Name of Minor Child

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____