

# Want To Be In a FILM?



**JOIN  
CMS FILM CLUB  
With**

**Bethany Constance-Talent Manager & Film Producer  
Doug York- Director & TV Channel Coordinator, SAU 16 /TV 13**

**When: MONDAYS MARCH 27<sup>TH</sup>- APRIL 17<sup>TH</sup>**

**Where: CMS Room 168/ 2:15-3:45**

The Film Club is open to anyone 6<sup>th</sup> grade through 8<sup>th</sup> grade. NO EXPERIENCE NECESSARY! We will write, direct, act and film a PROJECT ...SHORT FILM/TV SHOW/GAME SHOW.... We will come up with the idea together. We will film the project at EHS TV/FILM STUDIO! We will get a crash course in camera work and filming techniques using digital video equipment. This club is driven by YOU! You do not need to register prior to the first meeting. A permission slip to travel to EHS is available in the Main Office or can be emailed to you .You MUST have the form handed in giving permission to be on Video tape as well.

## **WEEKS AT A GLANCE**

**Week #1-**We will discuss the concept of the "PROJECT and begin to WRITE THE SCRIPTS.

**Week #2-** You will continue to write your scripts at home and during the Club meeting and start to rehearse.

**Week #3 -REHEARSE! REHEARSE! REHEARSE!!!**

**Week #4 - WE FILM AT EHS.**

The Film Club will end in time to take the late bus from CMS on weeks #1-#3.

Week # 4 we will go to EHS. Students will take the bus from CMS to EHS.

**The students will need to be picked up at EHS at 4:00 as there will not be bus service back.**

A copy of the final edit will be given to everyone if you bring in a blank DVD-R. The Project will be aired on our Public Access channel. Dates will be given out after Mr. York finalizes the edit and sets programming.

Please contact Bethany Constance with any questions [a713production@comcast.net](mailto:a713production@comcast.net) or call 603-978-3662 with any questions

**SAVE THIS DATE FOR FILM CAMP -6/26-6/30---DETAILS RELEASED SOON!**

COOPERATIVE MIDDLE SCHOOL

STUDENT NAME \_\_\_\_\_

ACTIVITY/FIELD TRIP PERMISSION AND RELEASE AGREEMENT

I/We, \_\_\_\_\_ the parent(s) or guardian(s) of \_\_\_\_\_ give my/our permission for my/our child to participate in an activity/field trip. I/We understand participation in this activity/field trip is voluntary and is not a required school program or activity. I/We are allowing my/our child to participate only after understanding and considering the following:

Activity/Field Trip Details      CMS Film Club

**1) Description of the activity/field trip (including dates, times, departure and return):**

Field Trip on April 17<sup>th</sup>, 2017 to the Exeter High School Film Studio to shoot projects to be shown at CMS and to air on Channel 13, a local channel that is student created.

**2) Purpose of/Plan for the activity/field trip:** To create and TV/Film programs for CMS and channel 13.

**3) Supervision:** Bethany Constance, (603) 978-3662/a713production@comcast.net  
Cooperative Middle School: 775-8700  
Exeter High School: 395-2400

**4) Transportation:** Students will be picked up at CMS at the end of the school day by bus # 39 for these field trips. It is mandatory that students be picked up at Exeter High School by a parent/guardian at 4:00 PM in the main lobby or the Film/TV Studio on April 17<sup>th</sup>, 2017

**5) Parent/Guardian please sign here:** \_\_\_\_\_

**6) Requirements (clothing, equipment, supplies):**

**7) Other relevant activity/field trip information:** Video release: Permission is hereby granted for my student to participate in photographed and videotaped school related activities. I understand that such photographs and videotaped productions are being used for educational and/or school related purposes only, and that as such, these photos and programs may be printed in the local newspapers, and/or shown on local cable television stations. I also understand that these photos and programs will not be duplicated or sold for profit.

Parent/Guardian please sign here: \_\_\_\_\_

By signing this permission form, I/we acknowledge the following:

I/We acknowledge that I/we have been informed as to the nature of the activity, and that this activity may have inherent risks of injury for those who participate, including, but not limited to, transportation from and to the school campus.

I/We understand the School District cannot unconditionally guarantee safety for children and that the obligation of the School District is to take reasonable precautions for safety and well-being. My/Our child also has a responsibility for his/her own safety and the safety of others.

I/We must provide the school staff and chaperones with medical or other important information that I/we feel the school should know about my/our child prior to the start of this activity.

OVER →

Cooperative Middle School Activity/Field Trip Permission and Release Agreement

- 1 I/We represent that my/our child is physically fit to participate in this activity, and if required, that he/she has been examined by a licensed physician who verifies that my/our child is physically fit to participate in this particular activity. The School District will rely on this representation.
- 2 My/Our child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and failure to comply could exclude my/our child from participation in this activity.
- 3 I/We hereby consent to medical treatment to my/our child which may be deemed advisable in the event of injury, accident and/or illness during a school trip. I/We hereby certify that if I/we have any particular medical instructions, I/we have provided these instructions below.
- 4 I/We certify that my/our child's medical expenses are covered by a medical insurance policy, or if not, I/we accept absolute financial responsibility for such in the event that expenses are incurred.
- 5 I/We will bear any cost for additional transportation, if my/our child leaves or is asked to leave the activity before completion.
- 6 I/We acknowledge and understand the risk and requirements for our child to participate in this field trip.

RELEASE

In consideration of permission for my/our child to participate in the field trip, I/we knowingly, and voluntarily release and waive and further agree to indemnify and hold harmless SAU #16, the School District, and their officers, agents, employees, volunteers, and representatives both individually and in their official capacities from and against any claim which I/we, my/our child or any relative or next of kin of mine/ours, or any other person, firm or corporation, may now or hereafter have or claim to have (known or unknown), seen or unseen, directly or indirectly, for or on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from or arising out of my/our child's participation in the field trip, or in any way connected with or arising out of instruction, training, emergency care or other operations incidental to participation in the field trip.

This "Release" shall be construed to be as comprehensive as is allowed by law and as severable. The validity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Dated: Parent/Guardian \_\_\_\_\_

Dated: Parent/Guardian \_\_\_\_\_

Medical and/or Special Instructions

\_\_\_\_\_  
\_\_\_\_\_