

Citxw Nlaka'pamux Assembly

(Ashcroft Indian Band, Boston Bar First Nation, Coldwater Indian Band, Cook's Ferry Indian Band,
Nicomen Indian Band, Nooaitch Indian Band, Shackan Indian Band, Siska Band)

YOUTH MULTIMEDIA & ARTS CONFERENCE

Nicola Valley Institute of Technology (NVIT) Merritt Campus

AUGUST 8-18, 2017 AND THE FILM PREMIERE WILL BE ON SUNDAY, AUGUST 20, 2017

AGES 10-18

REGISTRATION FORM

YOUTH INFORMATION

First Name:				Last Name:	
Birth date:		Age:	Sex: <input type="radio"/> M <input type="radio"/> F	Band and Band Number:	
Address:					
Town/City/Postal Code:					
Email:		Home phone no.:		Cell phone no.:	
Parents/Guardians:		Home phone no.:		Cell phone no.:	
Youth Chaperone (if applicable):		Relation to Youth:		Chaperone phone no.:	
ALLERGIES/IN CASE OF EMERGENCY					
Allergies:					
Name of friend or relative (not living at same address):			Relationship to Youth:	Home phone no.:	Work phone no.:
Personal Health Number:					
Patient/Guardian signature				Date	

Please return the completed forms to:

Email: khenkes@cna-trust.ca

Fax: (250) 378-2910

Mail: P.O. Box 618, Merritt, B.C. V1K 1B8

In Person: 2187-A Coutlee Avenue in Merritt

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AGENDA

August 8-11, 2017 (4 day week)

August 14-18, 2017 (5 day week)

10:00 a.m. – 4:00 p.m. Every day – Multimedia & Arts Youth Conference

- Theory of Movie Making
- Messaging & Film Topic Development
- Storyboard Development
- Scripting, Directing, Acting, Filming, Equipment & Technical Workshops
- Shooting Movies in Groups (Can be in different locations, there will be at least 2 film professionals with each group to assist the Youth)
- Editing Movies
- Preparing for Premiere

Sunday, August 20th, 2017 – NVIT LECTURE THEATRE

2:00 p.m. Appetizers with Youth, Parents & Community Members
Photos

3:00 p.m. Welcoming and Opening Prayer

3:15 p.m. Youth and Leader's Presentation

3:30 p.m. Premiere of Youth's Movie Projects

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Youth Survival Camp Media Waiver/Release Form

The Citxw Nlaka'pamux Assembly ("CNA") is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of participants in the CNA Youth Program.

Such purposes may include using them in CNA publications, posters, its internet website or other media, for promotional, social, recreational, cultural, educational, research, commercial, good will and archival purposes.

I understand that my child's image could possibly be seen worldwide. I agree not to sue the CNA or its employees, directors, officers, or bring claims or demands of any nature against any of them in connection with any matters referred to in this Media Consent including, the use, reproduction or release of my child's image.

I also agree to the inclusion of my child's name in connection with any of the matters referred to herein:

Please check **A OR B (not both)**

- A.** I GIVE MY CONSENT for the CNA to collect, keep, use and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be accessed outside of Canada.
- B.** I DO NOT CONSENT to the use and disclosure of my child's name and/or image for the above purposes

Please complete, sign and return.

Date: _____

Child's Name: (Last) _____ (First) _____
(please print)

Parent/Guardian's Name: (Last) _____ (First) _____
(please print)

Parent/Guardian's Signature: _____

Personal contact information will be treated as confidential, subject to legislative requirements.

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CONSENT, ASSUMPTION OF RISK, WAIVER, RELEASE & INDEMNITY

I am the Parent/Guardian of (print child's name): _____ (the "Child"). The Child will be participating in a program or activity organized, sponsored or supported (the "Activities") by the Citxw Nlaka'pamux Assembly (the "CNA").

It is a condition to the Child's participation in the Activities that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the Activities will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

Assumption of Risks

I understand that the Child may be exposed to a variety of hazards, risks and dangers which are inherent to the Activities. The nature of the Activities is such that the CNA cannot identify all risks associated with the Activities and cannot guarantee that staff participating in the Activities will not make errors or that other children participating in the Activities will not cause injuries.

I, the undersigned Parent/Guardian, am the parent and/or legal guardian of the Child and for the Child I consent to him or her participating in the Activities, and, for myself and the Child, in return for the CNA allowing the Child to participate in the Activities:

1. I now waive all legal rights to sue and any and all claims which I or the Child or our respective successors and assigns may have against the CNA in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activities; and
2. I release the CNA from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Activities; and
3. I agree to indemnify the CNA for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the CNA may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activities.

I confirm that I have read and understand this Agreement prior to signing, and I am aware that by signing this Agreement, I am waiving certain legal rights which I may have against the CNA.

PARENT/LEGAL GUARDIAN

PRINT NAME:		DATE (MONTH/DAY/YEAR):
ADDRESS:		CITY:
POSTAL CODE:	PHONE:	EMAIL:
SIGNATURE:		

PARTICIPANT CHILD/YOUTH

PRINT NAME:		DATE (MONTH/DAY/YEAR):
ADDRESS:		CITY:
POSTAL CODE:	PHONE:	DATE OF BIRTH (MONTH/DAY/YEAR):
SIGNATURE (preferred):		

I HAVE READ AND UNDERSTAND THIS DOCUMENT