



**Beargrass Media and Highlands Community Ministries**  
**Video Camp Welcome Packet: June 10-14, 2024**



**Location: Highland Presbyterian Church - 1011 Cherokee Road (See Map on Page 2)**

**Date/Time: June 10-14, 2024** from 9 AM – 4 PM

**What to bring:** On the first day, bring the attached Medical Release Form and Photo Release Form signed. Campers should bring their mobile devices that they can edit on, sunscreen if applicable, water bottle, and bring their own lunch each day.

### **Frequently Asked Questions**

**What time is drop off and pick up?** Please make sure to show up by 8:55 so we can begin promptly at 9AM. Pick up is promptly at 4 PM. If your child will be arriving on foot or bicycle, please notify us so we know they are allowed to do so.

#### **What will we be doing?**

We will be recording videos and editing them every day. We're hoping that after a week of intense hands-on learning they'll be able to make their own videos without any outside help, taking a video from idea to completion. They'll learn about news broadcasting, film making, podcasting, acting, directing, writing, video and sound editing and more...

We will begin immediately by recording an already scripted video and learn how to edit that video in the same day. Throughout the week the content and the videos themselves will slowly be under the kids' control. On days with nice weather, we will do some recording outside.

#### **What is a 24-Hour Film?**

At the end of the time we will be splitting up into teams and giving you 24 hours to write, record and edit a 3 minute film. Modeled after the 48 Hour Film Project, they will choose a genre out of a hat (comedy, drama, mystery, musical...) and then have to include a character, line and prop in your movie. Except in this case, since they will most likely not work on their film at home, they will have less than 24 hours.

#### **End of Camp Video Viewing**

After camp, the videos will all live on the Beargrass Media web site as well as on the Video Production Camp web site:

<https://www.beargrassmedia.com/video-production-camps/2024-june-video-camp>

**Etiquette** Come on, we're all old enough to know proper etiquette...

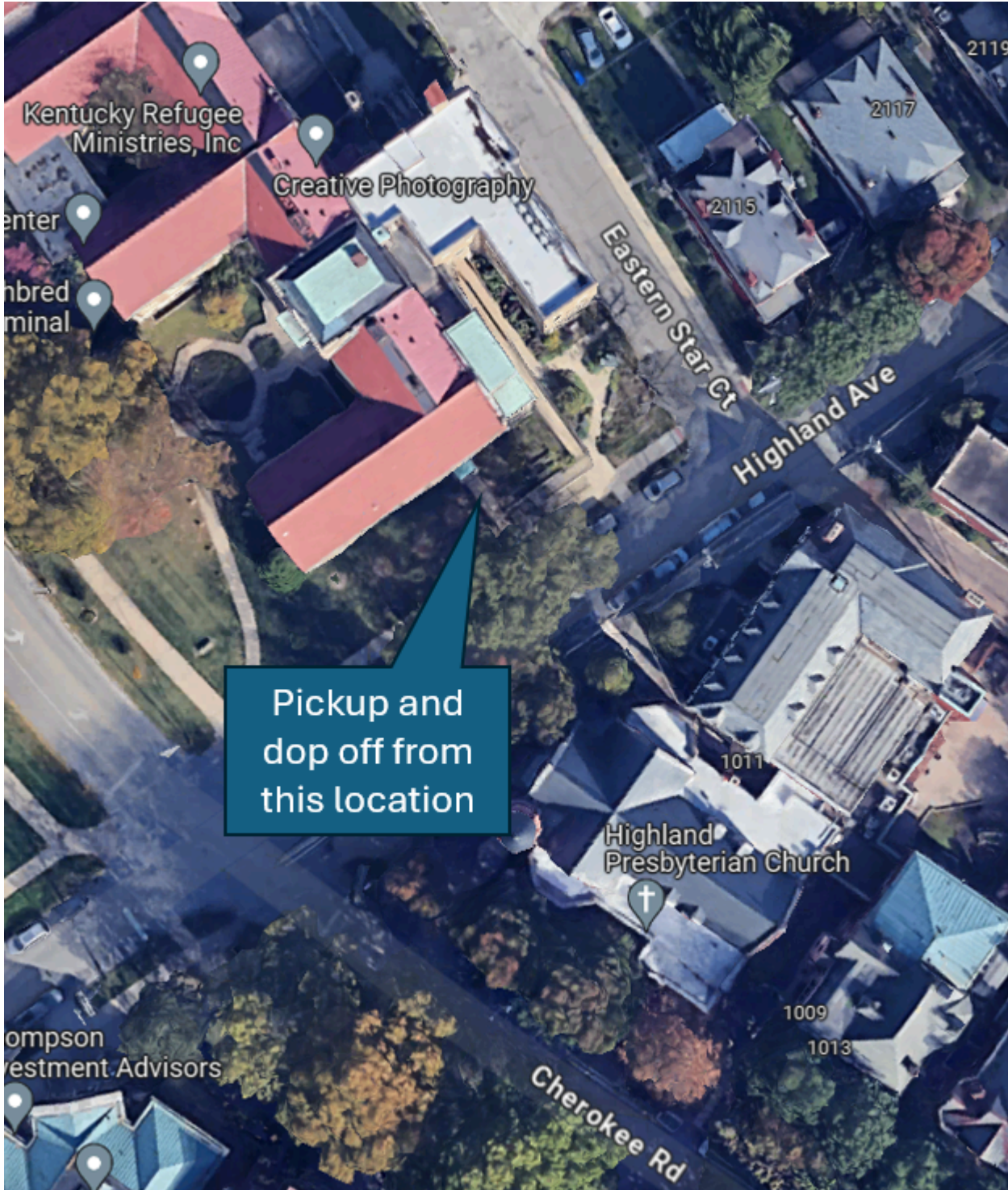
- Don't talk when other people are talking.
- Please don't play video games on your phone or tablet during camp hours. (We will collect them at times)
- We are fortunate enough to have use of the Highlands Presbyterian Church Campus, so let's be respectful of their grounds and rules. We're here to have fun and play well with others. We know situations can be frustrating with people we just met; but please practice peace, love and grooviness with your fellow campers.



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Highlands  
Community  
Ministries





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## Medical Release Form

I, \_\_\_\_\_ Give Highlands Community Ministries representative(s) permission to seek medical treatment for my participant \_\_\_\_\_ should an accident or injury occur during this event.

Please do not come to camp if you: Have a fever, cough, sore throat, runny nose, or shortness of breath, have tested positive for COVID19, or are in close contact with a person who tested positive for COVID-19.

EMERGENCY MEDICAL CONSENT FOR TREATMENT OF A MINOR In the event of a Medical Emergency related to the minor child listed above, I hereby, request any hospital, to contact me at the telephone number(s) listed below. In the event that I or my spouse is unavailable, I hereby, give my written consent to be deemed appropriate by the hospital's emergency medical staff necessary to contract with various health care professionals for their services. The following providers are not employees of the hospital, but are instead independently contracted to provide services for the patient, and are legally responsible for their actions: All physicians, pathologists, technical and professional components, radiologists, etc.

**Destination/Activity:** On the Grounds of Highland Presbyterian Church plus locations in walking distance.

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s) being taken: \_\_\_\_\_

Allergies \_\_\_\_\_

Please indicate any special medical problems and/or physical limitations, which may affect your child's participation, such as asthma, severe allergies, fears, and required assist devices.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian/Legal Adult: Your signature below certifies that you have carefully read this form, and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify all information is true, current and correct and may be relied upon by the Highlands Community Ministries.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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## Photograph & Video Release Form

I hereby grant permission to the rights of my participant's image, likeness and sound of voice as recorded on audio or videotape without payment or any other consideration. I understand that the image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein the likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the image or recording.

### **Photographic, audio or video recordings may be used for the following purposes:**

- Beargrass Media or Highlands Community Ministries presentations
- online platforms (YouTube, Vimeo, etc)

By signing this release, I understand this permission signifies that photographic or video recordings of my participant may be electronically displayed via the Internet or in the public business settings.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for entertainment purposes.

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_