



Teen Film Lab 2016

**"MAKE A MINUTE MOVIE" CHALLENGE: SIGHT and SOUND
TWO DATES ! TWO LOCATIONS!**

Announcing the 7th Annual GiveMe5 Teen Film Lab for RI high school aged filmmakers!
The "Make a Minute Movie" Challenge, where teen filmmakers challenge their filmmaking skills.
NEW this year: special FOCUS on SOUND DESIGN

FIRST LAB: Saturday, March 5, 2016, University of Rhode Island, Providence campus

Registration Deadline: Friday, February 26

SECOND LAB: Saturday, March 12, 2016, University of Rhode Island, Kingston campus

Registration Deadline: Friday, March 4

TIME (both locations) : 10:00 AM-6:00 PM (includes lunch)

WHAT: Student film teams will have 6 hours to write, shoot, and screen a film with the guidance of a coach. New this year: special focus on sound design

WHO: Any Rhode Island student filmmaker **between the ages of 14-18** is eligible to apply, with the sponsorship of a teacher from a school or community media program .

Limited first-come first-served basis!! (space allowing: up to 10 students per school or program eligible to apply)

COST: FREE, but APPLICATION and 2 PERMISSION forms REQUIRED !

1. Talent Release Form 2. Research Release Form

Note: Both forms must be signed by the parent/guardian

Sponsored by the Rhode Island Film and Television Office and the Rhode Island State Council on the Arts, in cooperation with the University of Rhode Island Media Education Lab

TEEN FILM LAB: "Make a Minute Movie"
APPLICATION (Limited spaces!)



Please complete and FAX to Sherilyn Brown at 222-3018 OR e-mail to sherilyn.brown@arts.ri.gov

PLEASE PRINT or TYPE CLEARLY. (ONE FORM for EACH student)
(You will receive a confirmation with further Lab details if your application has been accepted)

- STUDENT NAME _____
School or Organization Name: _____
Sponsoring Teacher Name: _____
Teacher contact info (required): E-mail _____ Phone _____

- Which LOCATION are you applying for? (pick one)

_____ MARCH 5, 2015, URI Providence Campus (Registration deadline: Friday, February 26)
_____ MARCH 12, 2015, URI Kingston Campus (Registration deadline: Friday, March 4)

- **Primary Skills:** camera work ___ writing ___ acting ___ directing ___ editing ___
(specify) Final Cut Pro 7 ___ I-movie ___ Movie maker ___ Premiere ___ Other ___
- **Overall skill level:** beginner ___ intermediate ___ advanced ___

Note: This year's challenge, SIGHT AND SOUND, will focus on sound design.

VERY IMPORTANT--REQUIRED: Parents or guardians MUST sign the 2 PERMISSION FORMS.
BOTH permission forms MUST be submitted with the application.
1. Talent Release Form 2. Research Permission Form

These forms allow students to appear on film, student work to be broadcast, and educational research to be conducted by URI media education graduate students.

- Yes, the 2 PERMISSION forms are attached. Talent Release _____ Research _____

I understand that by applying I am promising to attend the event if accepted, and understand that a place will be held for me specifically. If I am unable to attend, I or my teacher will notify Sherilyn Brown (sherilyn.brown@arts.ri.gov or 222-6994) at least 48 hours in advance to make room for others to attend.

Student Signature: _____ Date _____

Sponsoring Teacher Signature _____ Date _____

TALENT RELEASE FORM (REQUIRED)

(REQUIRED for participation in the GiveMe5 Lab)

Dear Parent/Guardian,

This release form enables your child to participate in the GiveMe5 Lab "Make a Minute Movie" Challenge. We will be filming the Lab, and the films created from the Lab will be broadcast.

I, the undersigned, do hereby grant permission outlined below to the GiveMe5 Teen Film Lab (Producer), sponsored by the RI Film and Television Office, the Education Program of the RI State Council on the Arts, in cooperation with the Media Education Lab of the university of Rhode Island. I have been informed and understand that the Producer is both filming the Lab event for promotion and publicity, that students will be creating films, and the University of RI will be conducting research on the value of the Lab.

1. I grant Producer and its designees the right to use my child's name, likeness, image, voice, appearance, and performance to be used, whether on film, photographs, audio tapes or other media for GiveMe5 educational, marketing and research purposes.
2. I also grant the Producer and its designees the right to broadcast, exhibit, market, and otherwise distribute the Products created by my child and his/her team at the GiveMe5 Lab. This permission includes the right to use the Products to promote or publicize the program for educational purposes. This permission includes without limitation the right to edit, mix, duplicate, use, or re-use the products in whole or in part.
3. I release the Producer and its designees from any and all claims known and unknown arising out of, or in any way connected with, the above granted uses and activities.
4. I confirm that I have the right to give this permission, and am the parent or legal guardian for the student named.

I have read the above and agree to all the terms and conditions.

Student Name: _____

Parent/Guardian Signature: _____

Emergency Contact Information: _____

(If student is age 18) I certify that I agree to the terms and conditions above.

Student Signature: _____



THE
UNIVERSITY
OF RHODE ISLAND

103 Davis Hall
10 Lippitt Rd. Kingston, RI 02881
Pilot Study: Self-Regulation and Video Production



PARENT/GUARDIAN PERMISSION FORM FOR RESEARCH

Your child is invited to take part in a research study being conducted with the authorization of the Rhode Island State Council on the Arts (RISCA), if you give your permission. My name is Yonathan Friesem, I am the assistant director of the Media Education Lab and a PhD student at URI. I am working with Professor Renee Hobbs, the Lab founding director and we are asking for permission to include your child in this study because s/he is taking part in the GiveMe5 Film Lab.

Description of the research project:

We are researching the academic and life skills benefits of video production. We will explore how working on a video production as part of a group at the GiveMe5 Film Lab helps structure life skills: learning strategies, collaboration, and self-regulation. Your child will be asked to participate in a focus group with her/his group members talking about their experience as video producers. After the focus groups your child will be asked to share his/her thoughts. Any questions or concerns you or your child may have or can be resolved by talking with one of the research staff members. Your child's participation is voluntary at all points in the process and is able to withdraw from the research and stop her/his participation at any time.

What will be done:

As part of the GiveMe5 workshop, your child will be producing a group video for five hours. Your child will be working in-group to write, film, edit and screen their video production. If you allow your child to participate in the research, and if your child volunteers, here is what will happen. A researcher will be with your child's group during the workshop observing their work and writing notes. Your child will participate twice with her/his production group: during the group introduction (for 15 minutes) and after the filming (for 15 minutes). After the last group-interview, your child will be asked with the group to reflect upon her/his experience. The research team will document the reflections and analyze the final version of the group video.

Risks or discomfort:

These group interview, observations, and discussions are addressing the experience of your child as part of a group media production. Your child should feel comfortable being part of this research process. These are questions that describe the experience for research purposes and do not evaluate your child performance or skills.

Benefits of this study:

This study is important for the future of students in Rhode Island. We are examining media productions' effectiveness and value in enhancing students academic and life skills, preparing them for 21st century skills and the Common Core State Standards. Your child's participation in the research will help us understand what is significant and what should be changed in RI media education. Your child's participat

Island State Council on the Arts and the Media Education Lab at

THE
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DIVISION OF RESEARCH
AND ECONOMIC
DEVELOPMENT

IRB #HU1314-094
IRB Approval Date 03/02/2015
IRB Approval Expiration: 03/11/2016

Communication and Media, URI to have a deep understanding of the process that students like your child are undergoing while producing videos.

Confidentiality:

Your child's name, personal information, grades, etc will not be shared with the research team. The research team will receive a paper copy of your child's reflection without your child's identifying information. All the data gathered during the research will be confidential. Mr. Friesem, the researcher, will code the names into two-digit numbers that only he will know. Your child's part in this study is confidential. None of the information will identify you or your child by name or location. All records will be kept in a locked file cabinet in Davis Hall, Media Education Lab on the Kingston URI campus.

Decision to withdraw at any time:

Your child will be given the opportunity to decide whether to participate in this study or not. His/her decision to participate will not affect your child's present or future relationship with RISCA or URI. S/he will have the right to stop participating in this research at any time. You have the right to withdraw your permission for your child to participate at any time. If you wish to withdraw, simply inform Mr. Friesem (401)874-2110 of your decision.

Rights and Complaints:

If you are not satisfied with the way this study is performed, you may discuss your complaints with Professor Hobbs or with Mr. Friesem (401) 874-2110, anonymously, if you choose. In addition, if you have questions about your child's rights as a research participant, you may contact the office of the Vice President for Research, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, Rhode Island, telephone: (401) 874-4328.

You have read this Permission Form. Your questions have been answered. Your signature on this form means that you understand the information and you agree to allow your child to participate in this study.

Signature of Parent/Guardian

Signature of Researcher

Typed/printed Name

Yonathan Friesem
Typed/printed name

Date

Date

In addition to agreeing to participate, I also consent to having the interview tape-recorded.

Signature of Parent/Guardian

Date

Please sign both consent forms, keeping one for yourself

Name of the child: _____