

NOXTROM DIGITAL MEDIA
TV AND MOVIE PRODUCTION PROGRAM

Fill this application and send it attached in email to: registrations2026@noxtrom.com

Application Form Summer 2026 - NOXTROM DIGITAL MEDIA INC. Windsor, ON

- Full program [July 6th - August 28] 2026
 Flex program Week(s) 2026 - Dates: _____ to _____

*International students: Fill this application and submit it through the official Agency from your country. The Agency will coordinate directly, validate and register dates and spots.

Student:

Name: _____

Last Name: _____

Birth Year: _____

Gender: _____

Address: _____

City: _____ Province/State: _____

Postal code: _____

Email: _____

Are there any other medical or behavioural conditions we should be aware of? If yes, please specify:

- International student.
 Request information about visiting trips, recreational and touring trips.
 Request information about boarding / accommodations and meals.

NOXTROM DIGITAL MEDIA INC. is a digital media company that makes films, documentaries, photography and live streams providing private training, industry platform and exposure to students 12+ in Windsor, Ontario.

By signing and submitting this application you agree to the following terms below: Code of Conduct, Photo and Video Consent, Assumption of Risk and Indemnifying Release, Medical Emergencies & Parental/Guardian Permission Form.

Also, by signing and submitting this application you agree that every film production, photography production and/or live-stream production made during the training will be intellectual and commercial property of NOXTROM Digital Media Inc. And students waive all rights to incur/request or to profit and/or excerpt commercial rights from production distribution, royalties or extended contracts between NOXTROM Digital Media Inc. and third parties and/or commercial partners.

NOXTROM DIGITAL MEDIA

TV AND MOVIE PRODUCTION PROGRAM

DISCRIMINATION POLICY

NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV is a safe space and does not allow discrimination of any kind, including, but not limited to, Racism, sexism, or discrimination against religion, politics, and other beliefs. This also includes negative attitudes expressed to others about race, creed, religion or lack of religion. Avoiding any controversy or solicitation to any political, religious or law enforcement groups. By signing and submitting this application form, I am indicating that I have read and agree to this policy.

CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV. Each student must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the staff. I hereby agree that any behaviour of the student that places him/herself or others at risk may result in the student's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the student at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV reserves the right to alter the program at any time without notice or compensation to the student. By signing and submitting this application form, I am indicating that I have read and agree to this policy.

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

For marketing, advertising, promotional and/or communication purposes, NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV may, from time to time, take photographs and/or video recordings of film activities or events that include real people, which photographs and video recordings will be placed in the company's Photo Bank and which may be uploaded to the NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV's website, Facebook, Twitter page or YouTube channel as well as in media releases, flyers and posters. By signing and submitting this application form, you are consenting to the taking of photographs and/or video recordings of you/participant (whether posed or candid) by NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV for the purposes stated, and you are assigning to the business, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the business for the states purposes. You may ask to see the photographs and video, and you can request that certain photos or videos not be used in written letter within a period of two (2) months.

NOXTROM DIGITAL MEDIA

TV AND MOVIE PRODUCTION PROGRAM

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV staff, volunteers and instructors will make every reasonable effort to minimise exposure to known risks, I hereby acknowledge that I and/or my child is able to participate in various online classes and/or physical activities (film day sessions), including field trips, walking to nearby sites, etc., except as specifically noted by me in the health information section (where applicable). In consideration for the student's opportunity to participate in the activities, I hereby release and forever discharge NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the student, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the program. By signing and submitting this application form, I am indicating that I have read and agree to this policy. **MEDICAL EMERGENCIES** In the event of an accident, injury or illness involving the student, and an immediate contact be made by NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV to a designated contact, I hereby authorize and grant permission to the business' staff to take the students to or call a local hospital emergency clinic or call the physician named on the registration form. I agree not to hold NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV responsible for any costs or injury arising out of an emergency situation. By signing and submitting this application form, I am indicating that I have read and agree to this policy.

PARENTAL / GUARDIAN PERMISSION

Online Recordings I give permission for NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV to record for quality assurance Zoom classes if my child participates. Field Trips, I give permission for my child to attend planned field trips associated with and planned by NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV. I further give permission for my child to be transported to and from events by drivers authorised by NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV. By signing and submitting this application form, I am indicating that I have read and agree to this policy.

Contagious disease health and safety

I agree to follow all Canadian/Ontario/Local related precautions regarding contagious disease that NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV have to be put in place to keep participants safe. Students that might have symptoms would take a test at home and inform the results to the staff contacting NOXTROM DIGITAL MEDIA INC. / NOXTROM.TV. By signing and submitting this application form, I am indicating that I have read and agree to this policy.

Parent/Guardian Name and Signature:

Phone: _____

NOXTROM DIGITAL MEDIA
TV AND MOVIE PRODUCTION PROGRAM
CONTACT AND EMERGENCY

PRIMARY CONTACT

Name: _____
Last Name: _____
Address: _____

City: _____ Province: _____
Postal code: _____

PHONE NUMBER: _____ CELL_PHONE NUMBER: _____

Email: _____

SECONDARY CONTACT

Name: _____
Last Name: _____
Address: _____

City: _____ Province: _____
Postal code: _____

PHONE NUMBER: _____ CELL_PHONE NUMBER: _____

Email: _____

IN CASE OF EMERGENCY

Health Card Number: _____

Physician's Phone Number: _____

Name of Physician
First Name: _____ Last Name: _____