Soma Dance Company
Workshop Registration
Summer 2012

Please Return Form To:
Darcie Shultz
614 Palmer Street, Lot 5
Salida, CO 81201

Student Information

Name: _____ Age: _____
First MI Last

Address: _____ City/State: _____ Zip: _____
Street

Sex: ☐M ☐F Home Phone: _____ Cell Phone: _____

Parent/Guardian Information (if under 18 years of age)

Name: _____ Address: _____
Street

City/State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____Work Phone: _____ Email: _____

Emergency Contact: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Please list any pre-existing allergies or medical conditions for your child: _____
_____

Training/Experience

(Please describe your training history including style, teacher, and length of study)

_____
_____
_____

Costume Information

***Please have these items prior to the start of the workshop**

Liability Waiver for Events/Workshop

I acknowledge that this workshop and performance is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Soma Dance Company, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

Photo Release

I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

Student Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____