

Movement to Music Workshop - Registration Form

PLEASE FILL OUT THIS ENTIRE FORM

Current Session(s):	Four Tuesdays: 3 January, 10 January, 17 January, 24 January 2017 • 9:00 to 10:00 AM
Workshop location:	1201 University Avenue, Berkeley CA • at Curtis Street • Shotgun Players Studios
Workshop Fee:	\$80 for the full 4-week series (checks made payable to Kathryn Roszak)

Full Name (Last, First):		
Birth date:	Age:	How did you hear about this program? (check all that apply) <input type="checkbox"/> Flyer/Literature <input type="checkbox"/> Word of mouth <input type="checkbox"/> Returning <input type="checkbox"/> Other
Address: _____ City, State, ZIP		
Telephone (list all applicable):		E-mail (list all applicable):

EMERGENCY CONTACTS (Important - we must have current/working phone numbers where someone answers):
1. Primary Emergency Contact:
2. Alternate contact:
Name of Doctor/Phone:

RELEASE and WAIVER
<ul style="list-style-type: none"> I understand that the program is designed for me to move at my own pace, for my benefit, and that my participation is entirely voluntary. I further understand that in any physical activity, at any age, injuries are possible. In consideration of being permitted to participate in the program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in the program. I represent and warrant that I am of sufficient physical fitness and have no known medical condition(s), per my physician's evaluation, that would prevent my full participation in the program at an appropriate level of activity. In consideration of being permitted to participate in the program, I knowingly, voluntarily, and expressly waive any claim or legal action, by me or my heirs, against Kathryn Roszak/Danse Lumière for any injury or damages that I may sustain during or as a result of participation in the program.

I have read, understand, and agree to the above Release and Waiver as legally binding. I attest that all questions about the program I may have asked prior to registration have been answered to my satisfaction. I understand that my registration is not complete without this form and my signature below.

Registrant's Signature

Date

REGISTRATION WILL NOT BE COMPLETED WITHOUT THIS SIGNED FORM