

## Movement to Music Workshop - Registration Form

**PLEASE FILL OUT THIS ENTIRE FORM**

<b>Current Session(s):</b>	<b>Four Fridays: 5 January, 12 January, 19 January, 26 January 2018 • 10:00 to 11:00 AM</b>
<b>Workshop location:</b>	<b>1201 University Avenue, Berkeley CA • at Curtis Street • Shotgun Players Studios</b>
<b>Workshop Fee:</b>	<b>\$80 for the full 4-week series</b> (checks made payable to Kathryn Roszak)

<b>Full Name</b> (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):

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

<b>RELEASE and WAIVER</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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 <b>Kathryn Roszak/Danse Lumière</b> for any injury or damages that I may sustain during or as a result of participation in the program.</li> </ul>

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**