

DANCE MISSION THEATER -- Registration Form

Name (first, last): _____

Phone Number: (____) _____ Email: _____

Address: _____

City, State: _____ Zip Code: _____

What class(es) do you take here?

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Cuban Salsa/Rueda | <input type="checkbox"/> Afro-Haitian | <input type="checkbox"/> Vogue & Tone |
| <input type="checkbox"/> Afro-Cuban | <input type="checkbox"/> Cuban Folkloric | <input type="checkbox"/> Bhangra/Bollywood | <input type="checkbox"/> Street Method |
| <input type="checkbox"/> Taiko | <input type="checkbox"/> West African | <input type="checkbox"/> Afro-House-Hop | <input type="checkbox"/> Modern |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Cuban Rumba | <input type="checkbox"/> Samba | <input type="checkbox"/> Afro-Modern |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Workshop _____ | | |

Please read and sign below:

In consideration for my participation, or my child's participation, in Dance Brigade's Dance Mission Theater dance classes to be operated at various sites and facilities, I agree to:

1. Assume all risk of injury to me/my child, to all risk of damage or loss of property arising out of my own or my child's participation in this program.
2. Indemnify and hold harmless Dance Brigade's Dance Mission Theater its agents, partners, staff or representatives, against all liability, claims, demands, actions, loss and damage arising out of my/my child's participation in said program.
3. I am/My child is in good health and is able to participate fully in this movement program.

Signed _____ Date _____

Photo/Video Shoot Permission Agreement

I, the undersigned, **grant permission for photographs and video clips** of myself/my child to be used by Dance Brigade's Dance Mission Theater for promotional and documentation literature or for education and fundraising presentations for Dance Brigade's Dance Mission Theater only.

Signed _____ Date _____