

PARSONS DANCE

New York City Summer Intensive
June 8–20, 2009

Applicaton

NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SCHOOL: _____ GRAD. YEAR: _____

EXPERIENCE: _____

HOW DID YOU HEAR ABOUT THE INTENSIVE?: _____

\$695 early registration (SAVE \$100) — deadline May 30, 2009

\$795 regular registration May 30th to June 8th, 2009

\$100 deposit (non-refundable) reserves your place. \$595 balance due by May 30th. No refunds after May 30th.

Enclosed is a check in the amount of \$ _____ made payable to: PARSONS DANCE. Mail to: 229 W. 42nd St., 8th Floor, New York, NY 10036

Please charge \$ _____ to my credit card.

AMEX Mastercard VISA CARD #: _____ EXP. DATE: _____

CARDHOLDER SIGNATURE: _____

NAME AS IT APPEARS ON CARD: _____

Open to participants ages 18 and up.

LIABILITY WAIVER

In consideration of being permitted to participate in the [Parsons Dance Intensive] [New York City Summer Intensive], June 8–20, 2009, I hereby waive, release and forever discharge Parsons Dance and its principals, officers, directors, agents, insurers and employees from liability from any and all claims, actions and causes of action (including resulting from negligence) that may at any time result from my participation in the Intensive, including any such that relate to costs, expenses or damages to my personal property or for personal injury or illness (including death).

I confirm that I am over 18 years of age. I am in good health and physically fit and do not have any injury or disability which might jeopardize my participation in the Intensive.

I confirm that my participation in the Intensive is voluntary. I assume all risks of any damage, injury or disability to my person or property that may occur as a result of my participation in the Intensive and acknowledge that I will be solely responsible for any and all costs and expenses that I may suffer as a result of my participation in the Intensive. I hereby give up any right that I might otherwise have to sue for injury or damages resulting from my participation in the Intensive.

By signing below I confirm that I have read and accepted the conditions to my participation in the Intensive as set forth above. I understand that I am giving up substantial rights including the right to sue.

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PHOTO RELEASE AGREEMENT

I agree to allow Parsons Dance to use my likeness in photographs or video taken at the Intensive.

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SUBMIT

e-mail completed form to info@parsonsdance.org