DANCE MISSION THEATER -- Registration Form

Name (first, last): _____

Phone Number: (_____)_____ **Email:**_____

Address: _____

City, State: _____ **Zip Code:** _____

What class(es) do you take here?

☐ Hip Hop	☐ Cuban Salsa/Rueda	☐ Afro-Haitian	☐ Vogue & Tone
☐ Afro-Cuban	☐ Cuban Folkloric	☐ Bhangra/Bollywood	☐ Street Method
☐ Taiko	☐ West African	☐ Afro-House-Hop	☐ Modern
☐ Ballet	☐ Cuban Rumba	☐ Samba	☐ Afro-Modern

☐ Other _____ ☐ 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 _____