



NEW YORK CITY
Summer Intensive Workshop
May 24–June 5, 2010

DAVID PARSONS
Master Choreography Workshop
June 7–12, 2010

Applicaton

NAME: _____

ADDRESS: _____ APPT: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SCHOOL: _____ GRAD. YEAR: _____

EXPERIENCE: _____

HOW DID YOU HEAR ABOUT THE INTENSIVE?: _____

- \$ **795 Summer Intensive Workshop ONLY**
- \$ **1,290 Summer Intensive Workshop PLUS Master Choreography Workshop (Save \$300!)**
- \$ **795 Master Choreography Workshop ONLY***

\$100 deposit (non-refundable) reserves your place. Balance due by May 14th. No refunds after May 14th.

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 AGREES (required)

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], May 24–June 12, 2010, 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 AGREES (required) 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 AGREES (required) DATE: _____

PRINT NAME: _____