



NEW YORK CITY  
Summer Intensive Workshop  
May 29–June 16, 2012

DAVID PARSONS  
Master Choreography Workshop  
June 18–22, 2012

# 2012 Summer Workshops Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRAD. YEAR: \_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE WORKSHOPS?: \_\_\_\_\_

I'VE REFERRED (names) \_\_\_\_\_

**SAVE an additional \$50 by referring a 1st time workshop enrollee!**

**\$1,195 Summer Intensive Workshop ONLY**

**\$1,495 Summer Intensive Workshop PLUS Master Choreography Workshop**

**\$ 695 Master Choreography Workshop ONLY**

\$150 deposit (non-refundable) reserves your place. Balance due by Friday, May 13th, 2012. No refunds after May 13th.

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: \_\_\_\_\_

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 New York City Summer Workshops], May 29–June 22, 2012, 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 Workshops, 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 Workshops.

I confirm that my participation in the Workshops 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 Workshops 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 Workshops. I hereby give up any right that I might otherwise have to sue for injury or damages resulting from my participation in the Workshops.

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

APPLICANT AGREES (required) DATE: \_\_\_\_\_

**PHOTO RELEASE AGREEMENT:** I agree to allow Parsons Dance to use my likeness in photographs or video taken at the Workshops.

APPLICANT AGREES (required) DATE: \_\_\_\_\_