

**Creative Body Workshop Registration Form**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Payment enclosed \_\_\_\_\_

Workshop Dates \_\_\_\_\_ Workshop Title \_\_\_\_\_

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What is your dance, movement or performance background?

Do you have any health concerns, injuries, or conditions that we need to be aware of?

What are you looking for in this workshop?

How did you hear about us?

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**Acceptance of Responsibility and Waiver of Liability**

I acknowledge and agree that I am voluntarily participating in the dance/movement classes or the workshops offered by Rachel Brooker/Anima Dance during which I will receive instruction and information about said classes. I recognize that dance/movement requires physical exertion, which may be strenuous and could cause injury. I agree to take full responsibility for not exceeding my limits in the practice of dance and for any injuries or discomfort I might experience in said practices. I am fully aware of the risks and hazards involved. I agree to take care of myself. I understand that it is my responsibility to consult with a physician prior to and regarding participation in dance/movement classes and workshops. I understand and accept that to properly teach and correct dance technique, physical contact between student and instructor may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner. I knowingly, voluntarily, and expressly waive any claim I may have against the Rachel Brooker and Anima Dance, and its owners, instructors, or employees, for injury or danger that I may sustain as a result of participating in any dance or movement classes or workshops. I, my heir(s), or legal representative forever release, waive discharge and covenant not to sue Rachel Brooker, Anima Dance, or it's owners, instructors, or employees for any injury or death caused by their negligence or other acts.

I take full responsibility for my personal belongings as well.

Signature \_\_\_\_\_ Date \_\_\_\_\_