



# REGISTRATION & WAIVER

(Please print clearly.)

Name: (first, last)		
Age:	Date of Birth:	
Address:		
Home Phone:	Cell Phone:	
E-mail:		
AIM screen name:		
Height:	Weight:	
Shirt Size:	Pant Size:	Shoe Size:
Current School:	Current Employer:	
Please list your dance experience:		
Please indicate which team you are interested in auditioning for:		
<input type="checkbox"/> FORMALity <small>(all-male, ages 18+ or high school senior)</small>	<input type="checkbox"/> Hi-Fi <small>(all-girl, ages 16+)</small>	<input type="checkbox"/> FLIPSIDE <small>(junior all-male, ages 13-18)</small>
<b>IN CASE OF EMERGENCY</b> Name:	Phone:	Relationship:

Name: (first, last)

## Acknowledgment of Risk Waiver of Liability

I, \_\_\_\_\_, hereby consent to the aforementioned participating in dance, dance workshop, audition, rehearsal or performance and other related activities with EKETC and its affiliates and ERIK SARADPON. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance or other related activities. I hereby release EKETC and its affiliates, and ERIK SARADPON, its owners, agents, volunteers, assistants, employees, guest artists, and faculty members from any and all liability claims, demands, or causes of action whatsoever from any and all damages suffered by the participant while under the instruction, supervision, or control of EKETC and its affiliates, and ERIK SARADPON. As parent or legal guardian of the aforementioned person, I hereby agree to individually provide for possible future medical expenses that may be incurred by the participant as a result of any injury sustained while participating in dance with EKETC and its affiliates, and ERIK SARADPON. This acknowledgement of risk and waiver of liability has been read thoroughly and understood completely, and is signed voluntarily as to its content and intent.

## Photograph and Video Waiver

I understand that participants may be photographed or videotaped during the program. I give EKETC and its affiliates, and ERIK SARADPON permission to use such photos or videos for promotional purposes.

I have read, completed, understand, and agree to all of the previous information.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

\_\_\_\_\_  
Date