

**“Choreography Workshop”
Registration Form**

TEACHER – Peter Leung

*In this two day intensive, students will learn how to structure a dance,
start developing their own creative process and get in touch
with their own movement sensibility*

August 24 - 4PM-8PM & August 25 - 12PM - 4PM

Tuition: \$200

**Please complete and return with your payment at least 1 week before the beginning of the course to:
The Academy of Dance Arts, 70 Apple St., Tinton Falls, NJ 07724
or info@ADANJ.com**

NAME: _____

ADDRESS: _____

HOME PHONE: _____ **CELL:** _____

E-MAIL: _____

(The Academy will use this e-mail to send future notices and updates)

***List any allergies:** _____

Make checks payable to The Academy of Dance Arts

PAYMENT ENCLOSED: \$ _____ **CHECK/CASH:** _____

CREDIT CARD #:(MC/Visa/Discover/Amex _____

EXPIRATION DATE: _____ **SECURITY CODE:** _____ **ZIP CODE:** _____

SIGNATURE: _____

LIABILITY RELEASE

I agree to abide by the rules of BIBP, Inc., which operates the Academy of Dance Arts. It is expressly understood that all registrants, their families and guests agree to hold harmless and release from any claim of liability, BIBP, Inc., which operates the Academy of Dance Arts, arising out of any injury or damage sustained by the aforesaid person while on the premises of BIBP, Inc., which operates the Academy of Dance Arts. As in any physical activity, the parent or student recognizes the fact that there is a certain element of risk inherent in the course he/she is about to undertake and the activities he/she will perform in relation thereto and knowing this, hereby assumes all risks. Further, the student hereby assumes all risks. Further, the student hereby releases, remisses, and forever discharges BIBP, Inc., which operates the Academy of Dance Arts, its directors, and the designated instructors and staff from any liability for injuries, illnesses, damage or physical defects which may result from the student engaging in these classes. The student and parents hereby agree to refrain from instituting, pressing or in any way aiding any claim, demand action or cause for damages, costs, loss of service, expenses or compensation for or on account of any such injuries. I also authorize BIBP, Inc., which operates the Academy of Dance Arts and its employees to obtain treatment for the above student for injury that he/she may suffer while attending the Academy of Dance Arts. **Students under the age of 18 are not permitted to leave the Academy premises during course hours or breaks without written permission from a parent or guardian. Parents and/or guardians assume all responsibility for transportation to and from the Academy of Dance Arts.** When you park in this facility, you take the same risks of your car being stolen or damaged that you take when you park on the street. If your car or any items therein are damaged or stolen while parked in our parking lot, The Academy of Dance Arts, and BIBP, Inc., will not be responsible for your loss.

Any photographs, and/or video images taken of the student listed below, in connection with any class or production done by BIBP, INC., which operates The Academy of Dance Arts, may be used for publicity and promotional purposes in all areas of media, including publications and The Academy's website, Facebook & Instagram pages at any time whether or not the individual photographed is currently associated with BIBP, INC., which operates The Academy of Dance Arts. Said pictures, and/or video images may be taken during classes, rehearsals, dress/technical rehearsals, performances or photo/video shoots and are the sole property of BIBP, INC., which operates The Academy of Dance Arts with regard to publicity and promotional purposes. These photos and/or video images may not be used in connection with or benefit to any other organization.

By signing below I agree to the terms of the LIABILITY RELEASE and the MEDIA RELEASE (unless otherwise indicated below on the media release box) and I acknowledge that I have read and understand the "school policies and general information" booklet.

LIABILITY RELEASE I agree I do not agree

MEDIA RELEASE I agree I do not agree

***Student's signature (Parent/Guardian if Student is a Minor)**

Print Student's Name: _____

Date: _____