



funkanometrysf



2008 SUMMER DANCE INTENSIVE REGISTRATION FORM

Dancer's First Name:		Dancer's Middle Name:		Dancer's Last Name:	
Dancer's Email:			Legal Guardian's Email:		D.O.B:
					/ /
Street Address:					Apt #:
City, State:			Zip Code:		Dancer's Mobile Number:
					()
Name of Legal Guardian			Home Number:		Mobile Number:
			()		()
Emergency Contact Name:			Phone Number:		Relationship:
			()		

Session:

- Session A: Hip-hop Intensive** Jul 5 – Jul 27 \$155 before June 22 / \$175 after June 22
- Session B: Performance Intensive** Aug 3 – Aug 30 \$180 before July 13 / \$200 after July 13
- Session C: Leadership Program** Jul 5 – Aug 30 \$100 before June 22 / \$125 after June 22

** Sign up for both A & B before June 22 and save \$20! (\$315 early registration special for both sessions)

** Session C is only open to current Funksters company members

Summer Intensive T-Shirts (not included in registration fee):

** Summer Intensive T-shirts are not required, but are preferable for the concluding performances costume

- Small \$15
- Medium \$15
- Large \$15
- XL \$15

Please make checks payable to 'Funkanometry SF'. Checks can be mailed to the following address:

Attn: Emerson Aquino
55C Boardman Place
San Francisco, CA 94103

Questions? Need more info? Email [ysf.com">kristen@funkanometrysf.com](mailto:kristen@funkanometr<span style=).



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FUNKANOMETRY SF WAIVER FORM

1. In consideration for receiving permission to participate in FUNKANOMETRY SF SUMMER INTENSIVE (herein referred to as ACTIVITY), which is sponsored by FUNKANOMETRY SF (herein referred to as SPONSOR), I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes SPONSOR (FUNKANOMETRY) and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with the ACTIVITY and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.

3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of California.

5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

(Print clearly using blue or black ink)

FIRST NAME: _____ LAST NAME: _____

D.O.B. ___/___/___ AGE: _____

MEDICALCONDITIONS: _____

ADDRESS:

_____, _____, _____, _____
 (Street) (City) (State) (Zip)

PHONE NUMBER: () _____
 (Home)

(Required)

E-MAIL (1) _____

() _____
 (Cell)

E-MAIL (2) _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: () _____

SIGNATURE: _____ DATE: ___/___/___

*Parent or Legal Guardian SIGNATURE: _____ DATE: ___/___/___
 (If participant is under 18 years old)