

# Master Class Registration Form

Date \_\_\_\_\_

Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

E-mail address \_\_\_\_\_ Location of your AMCT classes? \_\_\_\_\_

**• All questions/spaces must be answered fully and completely, including parents' authorization if under the age of 18. Thank you!**

## WORKSHOPS

- 3 Master Classes ..... \$75       3-DAY Remote Intensive ..... \$225
- 2 Master Classes ..... \$50       5-DAY Remote Intensive ..... \$375
- 1 Master Class ..... \$25

(Classes are \$25 each in advance, \$30 each at the door. Register in advance!)

## REMOTE INTENSIVE

- Critique ..... \$45 half hour       Coaching Lesson ..... \$45 half hour
- Private Lesson ..... \$30 half hour       College Consultation ..... \$50 half hour

## SPECIAL COURSES ADDITIONALLY OFFERED (PER HALF HOUR)

Select classes desired from menu above

Add up your checked selections and write the total here:

Total: \$ \_\_\_\_\_



New York Institute of Dance & Education

### REFUND POLICY

Deposits and tuition are nonrefundable. Deposits will be applied toward the tuition cost. If you are not accepted into the program due to lack of space your money will be refunded. There are absolutely NO Tuition REFUNDS. It is the responsibility of the participant or parent (payee) to make sure that the participant is taking full advantage the program.

### WAIVER AND RELEASE

I hereby agree to participate in the Master Classes given by Sean McLeod, the American Master Class Tour, the Fine Arts Dance Association, Kaleidoscope Dance Theatre, New York Institute of Dance and Education, it's officers, directors, employees and agents (herein, collectively the "Company") upon the understanding and condition that:

1. I represent to the company that I am physically capable of participating in a vigorous cardiovascular exercise program and that, to the extent necessary in light of my prior health history, weight and general physical condition, I have consulted my personal physician or other health authority before making such representation.
2. I recognize the risk of illness and injury inherent in any dance or exercise program and I am participating in the Company's program upon the express agreement and understanding that I am hereby waiving and releasing the company from any and all claims, cost, liabilities, expense or judgments, including attorney's fees and court cost (herein, collectively "claims") arising out of my participation in the company's programs or any illness or injury resulting therefrom. I hereby further agree to indemnify and hold harmless the Company from and against any and all such Claims except Claims proximately caused by the gross negligence or willful misconduct of the Company.
3. I agree to inform the company before participation in any of its programs of any change in my physical condition which might in any way adversely affect my ability to participate in the program safely. I hereby execute and deliver this waiver and release to induce the Company to permit my participation in its program.

### PLEASE SIGN BELOW

The placing of ones signature below also acknowledges approval for possible use of the registered participants name, photo or image in promotional material including but not limited to: News papers, Video, Television, Advertisement and columns.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (payee) if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

Make Checks payable to:  
**Your Dance School**  
 ...your school will provide a single check  
 to Sean McLeod

COPY AS NECESSARY