

Colin Dunne Workshops

Please remit this registration form and waiver, along with your check make payable to Jackson Irish Dancers to:

Catherine Sherer
1321 Poplar Boulevard
Jackson, MS 39202

Name: _____ *Years of Irish Dancing Experience: _____ Age: _____

Instructional School/Trainer/Group affiliated with, if any: _____

*(Please expound on your previous experience, including solo and group work, on the bottom/back of this form.)

Parent's Name(s), if student is under 18 years of age: _____

Street Address or PO Box: _____ City/State/Zip: _____

E-mail Address(es): _____

Phone Number(s): _____

I am registering myself/my child for the following workshop(s) in _____:
City

_____ Intermediate Workshop	\$130 (\$140 received after 10 July)
_____ Advanced Workshop	\$130 (\$140 received after 10 July)
_____ Both Workshops	\$230 (\$250 received after 10 July)

I have enclosed a check, made payable to Jackson Irish Dancers, in the amount of \$ _____

Release of All Claims For Colin Dunne Workshops – August 2004

I understand that Irish dancing is a voluntary recreational activity that, because of its physical nature, could result in injury. I certify that I do not have (or that my child does not have, if my child is the student) any health condition that would limit the ability to participate in these workshops. I assume the risk of any injury arising from the workshops, and in consideration of my or my child's participation in these classes, I release, waive, and discharge all organizers, affiliated Irish dancing schools or organizations, and studios and facilities where dancing occurs, from any and all liability that they or any of them may have to me, my child, or my or my child's heirs, executors, or assigns. This release applies to any claims that I or my child might otherwise make for loss, damages, or injuries that I or my child may sustain in or as a result of my or my child's participation in these workshops, either as a result of the negligence of any of the released parties, or otherwise.

AGREED:

Signature

Date

If you are a parent signing this release for a minor child, please include the child's name here to acknowledge that you release his/her claims:

Child's Name: _____