

PENSACOLA STATE COLLEGE SUMMER DANCE WORKSHOP LIABILITY AGREEMENT

All participants must complete this form.

All workshop participants, including observers, must complete and sign this form. If participant is under age 18, a parent or guardian must also sign.

I, the undersigned, recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release The District Board of Trustees of Pensacola State College, Florida, and its officers, agents, and employees from all liability for injuries sustained or illnesses contracted by me while attending or participating in the Summer Dance Workshop. I agree to indemnify, defend, and hold harmless Pensacola State College and its officers, agents and employees for liabilities, costs and judgments arising from acts or omissions committed by me which result in injury or damage to any person or property.

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in the Summer Dance Workshop. I hereby release Pensacola State and its officers, agents, and employees from all liability for loss or damage to my personal property while attending or participating in the Summer Dance Workshop.

I also agree to abide by any rules, regulations and policies set forth by Pensacola State College.

As a registered observer, I acknowledge and understand that individual faculty members may prohibit videography or the taking of photos in their classes. I agree that I will honor any such restriction(s) imposed and I will not hold Pensacola State College responsible nor will I expect an adjustment or reduction in any fees I have paid or agree to pay.

In case of physical injury or medical emergency, I hereby authorize Pensacola State College to make necessary arrangements to transport me or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if I am under 18 years of age, I understand that Pensacola State College will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

I acknowledge that I have read and understand the cancellation and refund policy and I agree that I am entitled to a refund only under the conditions specified.

Registrants will not be processed if this form is not properly signed.

Participant Signature _____ Date _____

Parent/Guardian Signature (If under 18) _____ Date _____

Parent/Guardian Name (Print) _____

Emergency Contact (If different from parent) _____ Relation _____

Emergency Numbers: Day _____ Evening _____ Cell _____

List any medical conditions, injuries, allergies, etc. _____

Name _____ Age _____

Birth date (Month/Date/Year) _____

Address (Number/Street/Apt#) _____

City _____ State _____ Zip _____

Email address _____

**CHECK TO PSC FOUNDATION MUST ACCOMPANY
THIS ORDER FORM**

T-SHIRT ORDER FORM

Order your t-shirt in advance to ensure you get one. Your order helps the scholarship fund. **Your check must accompany the order form and be received by June 12, to guarantee a t-shirt.** Orders received after this date will be filled subject to availability. All shirts must be picked up on the first day of the workshop, preferably during registration. Extra t-shirts will be sold Monday in the lobby of the Hartsell Arena on a first-come, first-serve basis.

Name _____

Phone _____

Email _____

TOTAL QUANTITY _____ **x \$15 =** _____

(Write quantity of each next to size.)

Youth L _____ Adult S _____ M _____ L _____ XL _____

TOTAL AMOUNT ENCLOSED \$ _____

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SCHOLARSHIP AUDITION APPLICATION

Check the appropriate boxes below. Your audition fee, which is non-refundable, should accompany the application form and must be postmarked by **June 15, 2017**. On site deadline is **Wednesday, June 21, 2017 by 12:00 noon**.

	COST	
<input type="checkbox"/> IndustryXperience	\$10	\$ _____
<input type="checkbox"/> Joffrey Ballet	\$10	\$ _____
<input type="checkbox"/> JustBDance Summer Intensive	\$10	\$ _____
<input type="checkbox"/> PSC/Choreography Award	\$10	\$ _____
<input type="checkbox"/> PSC/Gilbert Tap Award	\$10	\$ _____
<input type="checkbox"/> PSC/Lister Ballet Award	\$10	\$ _____
<input type="checkbox"/> PSC/Spotlight Dancer Award	\$10	\$ _____
<input type="checkbox"/> PSC/Terry Dillon		
Best All Around Award	\$10	\$ _____
OR		
<input type="checkbox"/> All Auditions	\$75	\$ _____
TOTAL DUE		\$ _____

Present Instructor(s) _____

Present School _____

Dance Styles _____

Number of Years of Training _____

**Make check payable to
PENSACOLA STATE COLLEGE FOUNDATION for AUDITIONS and T-SHIRTS.
Please DO NOT include your registration fee with t-shirt/audition payment.**

Mail to: LaVonne French, Summer Dance Workshop Coordinator, Building 8, Room 810
Pensacola State College, 1000 College Bpulevard, Pensacola, FL 32504