



**10 FREE Dance Classes
Registration Form**

WHERE

DANCEFEST 2023 Spokane Community College, 1810 North Greene Street
Spokane, WA 4 class locations in Lair Building & Building 5

WHEN

Saturday, March 18, 2023

**45-minute classes begin on the hour:
10:00, 11:00 am, 12:00**

COST

FREE with this one completed registration form covers all 10 classes!

Class schedule will be posted on INDA website www.indaspokane.com or emailed to you if pre-registered.

TO PRE-REGISTER Mail Completed Form to:

INDA c/o Gail Bongiovanni, 14120 E Springfield, Spokane Valley, WA 99216-2053

OR Download Form & email completed form to: indaspokane@gmail.com

OR DAY OF EVENT Bring this completed form to check in desk in either building

EVERYONE CHECKS IN ON DAY OF EVENT: If pre-registered, quickly check name off list & receive arm band that allows access to all 10 classes! If not pre-registered, make sure your form is complete with Signature of participant (over 18) or parent/guardian, dated, and initialed photography release. Turn this form in to the volunteer at the front table of either building for arm band.

Questions? Contact Gail Bongiovanni, President INDA gaildancer@juno.com or cell 509-986-8333

Please fill out form Medical Disclaimer & Photo Release for DanceFest Classes

PRINT all information - **ONE form per person**. Form must be **DATED, SIGNED, & INITIALED** to participate-NO exceptions!

Participant Name _____ Age _____ Birthdate _____ / _____ / _____

Address _____

Email _____

Phone Number _____ Studio/School Name _____

MEDICAL DISCLAIMER: in consideration of the opportunity to participate in the dance workshop sponsored by the Inland Northwest Dance Association, I, individually or as a Parent/Guardian on behalf of a minor, do hereby waive, release, and discharge any and all rights, demands and claims for damages that I may have against INDA, ITS EMPLOYEES, MEMBERS OR AGENTS, for any and all injuries and losses related to this workshop. I attest and I have full knowledge of the risks involved with dance training and that I assume responsibility for my own medical and emergency expenses in the event of an accident, illness, or other incapacity. I state that I am physically fit and sufficiently trained to participate in the class that I have chosen as offered by this workshop.

SIGNATURE, DATE & INITIALS REQUIRED **DATE:** _____

PARTICIPANT (over18) OR PARENT/GUARDIAN: _____

PHOTOGRAPHY RELEASE I grant INDA the right to take photographs and/or video of me/my student in connection with the INDA Workshop. I authorize INDA and its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that INDA may use such photographs and/or videos with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. In addition, I release INDA or any parties acting on their behalf and with their approval, from liability for such uses of my/my student's images. **INITIAL HERE:**
