

Inland Northwest Dance Association and

Presents



# Musical Theater Masterclass IN THE STYLE OF

## “Dear Evan Hansen”

WITH a cast member of Broadway touring show “Dear Evan Hansen”

### WHERE

**DANCEFEST 2023** Spokane Community College, Building 5, Small Gym  
1810 North Greene Street Spokane, WA

### WHEN

**Saturday, March 18, 2023**

**Class: 10:00-11:00 AM**

**Question/Answer period: 11:00-11:30**

### COST

**FREE** with advanced registration required! **Only 50 dancers on floor!**

**Class Observer (Only Teachers & Wait List Students when class fills until Q&A)**

### TO REGISTER Mail 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](mailto:indaspokane@gmail.com)

### CLASS REQUIREMENTS

**AGE 12+** Mask maybe required to be worn to protect the Broadway Cast Member

For Master Class information: contact Gail Bongiovanni at 509-986-8333 / [gaildancer@juno.com](mailto:gaildancer@juno.com)

INDA website: [www.indaspokane.com](http://www.indaspokane.com)

### Please fill out form Medical Disclaimer & Photo Release for Master Class “Dear Evan Hansen”

**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:**

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