

BROADWAYPLUS **Masterclass**

**HIP HOP MUSICAL THEATER**

**IN THE STYLE OF *"Hamilton"***

**WHERE**

Gonzaga University Myrtle Woldson Performing Arts Center/Recital Hall  
211 E Desmet Avenue Spokane, WA (west side of campus off Ruby St)

**WHEN**

**Saturday, May 21, 2022**

**Class: 10:00-11:30 AM**

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

**COST without added online processing fees**

**\$ 30.00 in advance**

**Observer (Only Teachers & Wait List Students after class fills) \$10.00 in advance**

**Check made payable to "INDA". Download 3 forms (added GU video release & waiver)**

**Mail to: INDA Attn: Isabelle Cook; 4120 South Sullivan Rd; Veradale, WA 99037**

**COST to register online includes processing fees.**

**Forms to download & mail or register online at: [www.indaspokane.com](http://www.indaspokane.com)**

**CLASS REQUIREMENTS **MAXIMUM ENROLLMENT OF 50 on the floor!****

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

**WITH**

**a cast member of Broadway touring show *"Hamilton"***

**For Master Class information: contact Isabelle Cook at 509-868-8694 / [isabelle@isabellesdancetime.com](mailto:isabelle@isabellesdancetime.com)**

**Please fill out forms & return with payment: Medical Disclaimer for Master Class – "Hamilton"**

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

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Studio 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. **NO REFUNDS.**

**SIGNATURE REQUIRED DATE \_\_\_\_\_**

**PARTICIPANT (over18) or PARENT/GUARDIAN \_\_\_\_\_**

**TO COMPLETE REGISTRATION, FILL OUT THE REQUIRED TWO FORMS FROM GONZAGA UNIVERSITY: PHOTOGRAPHY RELEASE, GONZAGA WAIVER FOR EITHER PARTICIPANT 18+ OR MINOR PARTICIPANT**