



**Registration Form and Waiver  
Francine E. Ott/The Walk 2016 Dance Residency**

Name: \_\_\_\_\_ Pre-professional \_\_\_\_\_ Professional \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Registration fee: \$25 Residency fee: \$75**

Please email or mail a copy of your signed form and waiver to [wholeheartprod@gmail.com](mailto:wholeheartprod@gmail.com) or P.O. Box 380552, Brooklyn, NY 11238. An invoice will then be sent via email for payment with the option to pay all at once or in four installments. Payments should be made through PayPal [wholeheartprod@gmail.com](mailto:wholeheartprod@gmail.com) or with a check/money order to Whole Heart Productions.

**NO REFUNDS**

Registration Fee is not refundable.

I hereby understand and agree to the no refund policy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Liability Waiver: I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is the possibility of physical injury. I agree, therefore, to assume all risks of any such injury to myself, which might occur during any and all of Whole Heart Productions classes, workshops, rehearsals or performances. I exempt, release and indemnify Whole Heart Productions, its members, agents, employees, and guest artists and faculty from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to me or my personal property which may arise out of or in connection with participation in any classes or activities conducted by Whole Heart Productions, whether such loss, damage or injury results from the negligence, passive or active, of Whole Heart Productions, its members, agents, employees, or guest artists or from some other cause.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date