

# Adult Theatrical Education Winter/Summer 2010 Registration Form

## Contact Information (PLEASE PRINT)

Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

*Please circle the phone number you prefer be on the contact list.*

E Mail: \_\_\_\_\_ @ \_\_\_\_\_

## Check all classes you are enrolling in:

Acting: Adult Scene Study- Monday (Starts March 1<sup>st</sup>) 7:00-9:00 \_\_\_\_\_  
Adult Improvisational Workshop - Saturdays (Starts Feb 20<sup>th</sup>) 12:00-2:00 \_\_\_\_\_

Dance: Social/Ballroom Dance I –Friday (Starts Feb 19<sup>th</sup>) 7:00-8:30 \_\_\_\_\_  
❖ No class Mar 26<sup>th</sup> or Apr 2<sup>nd</sup>)

Class Fees: Enrolled in 1 - Class \$150.00 \_\_\_\_\_ 2 - Classes \$275 \_\_\_\_\_ Dance Couple \$250.00 \_\_\_\_\_

## Payment Method (Cash or Personal Check)

Check enclosed for \$ \_\_\_\_\_ Payable to *Young Performers Institute*

*Mail registration to: Young Performers Institute - Attention: Raylene 110 N. Citrus Ave Covina, CA 91723  
You will receive an email confirmation once registration is received.*

## Important Information

All payment for registration is final. A non-refundable deposit of half the class tuition is due upon registration. Full payment must be received by the first class session. Class size is strictly limited and course offerings are subject to minimum enrollment.

Please be prepared to fill out additional registration paperwork at the first class.

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## Office Use

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Balance Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_

YPI-01/2010

# Waiver and Release of Liability

**No participation can be allowed in Adult Theatrical Education or Young Performers Institute until this Waiver and Release of Liability is completed and submitted.**

In consideration of my being permitted to participate in the activities at Young Performers Institute (YPI), I, \_\_\_\_\_, for myself, my heirs, executors, administrators, successors, and assignees agree to waive, release, and discharge any and all claims for damages for death, personal injury, property damage, property loss, or advertising injury which I may have, or which may hereafter accrue to me, as a result of my participation in the activities of YPI.

This release is intended to discharge in advance YPI, a non profit organization, its officers, trustees, officials, servants, representatives, and volunteers, the owner, curators, lessors, agencies (including but not limited to Federal, State, County, City, or any public entity,), managers of any lands upon which the activities take place, from and against any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise of , be contributed to, occasioned by, or directly caused by the negligence or carelessness on the part of the persons or entities mentioned about, their agents, official, representatives, or servants.

I further understand that serious accidents can occur as a result of rehearsals, productions, performances, set building, lighting, costume preparation, and other activities engaged in by stagehands, volunteers, and performers. Those accidents can cause bodily injury or property damage as a consequence thereof. Knowing the risks of the theater production, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned about who (through negligence or carelessness) might otherwise be liable to me (or my heirs, representatives, or assignees) for damages.

It is further understood and agreed that this waiver, release, and assumptions of risk to be binding on my heirs, representatives, and assignees.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_