



Katherine Dunham Centers for Arts and Humanities

1009 Pennsylvania Avenue
East St. Louis, IL 62201
<http://www.kdcah.org>

CLASS REGISTRATION

Date: _____

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone #: _____ Cell: _____ Email: _____

Parent(s): _____

School: _____ Grade: _____ Age: _____

All workshop students are required to take orientation including Dunham history, etiquette, & conflict resolution. Income eligible scholarships are available.

Dance Class Type: Beginner ___ Intermediate ___ Advanced ___ Youth ___ Adult ___

Previous training:

- African
- Ballet
- Dunham Technique
- Exercise
- Haitian
- Hip Hop
- Jazz, Classical styles (Tango, Cha-Cha, Fox Trot, etc.) Contemporary
- Tap
- Other _____



Katherine Dunham Centers for Arts & Humanities



ACTIVITY PARTICIPATION RELEASE

For and in consideration of the agreement of the Katherine Dunham Centers for Arts and Humanities, East St. Louis, Illinois to allow:

Name	Date of Birth	Telephone No.
------	---------------	---------------

Address	City	State	Zip Code
---------	------	-------	----------

to engage in the activities of the Katherine Dunham Centers for Arts and Humanities and derive the benefits and privileges associated with said participation or agreement and for other and valuable consideration. The undersigned agree(s) that all participants in any activity or event remotely related to the Dunham Center, whether proceeding or succeeding it, is at the participants own risk. The Katherine Dunham Centers, Board of Directors, nor staff shall be liable for any damages caused by, or arising from personal injuries sustained, be they physical or mental, property damage, or loss incurred while participating or attending any function or activity, officially sponsored or not.

It is further agreed, this agreement extends to any travel to and from any location of Dunham Center's activity or any activity, which arises out of the Dunham Centers whether official or unofficial, whether proceeding or succeeding the activity.

The undersigned does hereby, fully and forever, release and discharge the Dunham Centers, its activity, Board of Directors, advisory Board Members, employees, agents licensed, and invitees from any and all claims, demands, rights of action, present or future, whether the same be known, anticipated, or unanticipated resulting from or arising out of the participants participation prior connection with any of the previously described circumstances, events, or instances including but in no way limited to libel, slander, and invasion of the rights of privacy.

Date	Signature (Parent or Guardian) if under 21 years of age
------	---



Katherine Dunham Centers for Arts and Humanities

1009 Pennsylvania Avenue
East St. Louis, IL 62201
<http://www.kdcah.org>

PHOTO RELEASE FORM

I, _____, hereby consent to and authorize the use and reproduction by the Katherine Dunham Centers for Arts & Humanities, or anyone authorized by you, of any and all photographs, digital images, videotapes, or recordings made of me for use by the Katherine Dunham Centers for Arts & Humanities, its employees, officers, and agents, and the right to copyright and/or use, reuse and/or publish, or republish photographic pictures, digital images, videotapes, or recordings in conjunction with my name.

I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by the Katherine Dunham Centers for Arts & Humanities including the use of images on their website.

Furthermore, permission is also given for the photographs, digital images, videotapes, or recordings to be used by the Katherine Dunham Centers for Arts & Humanities at any time in the future without further clearance from me.

I understand that these photographs, digital images, videotapes, or recordings may be used for marketing purposes (including websites) by the Katherine Dunham Centers for Arts & Humanities.

I have read the foregoing release, authorization, and agreement before signing below and warrant that I fully understand the contents thereof.

Date: _____

Signature: _____

Signature of Parent: _____
(If individual is under 18 years of age - granting permission for photographing, videotaping, and/or recording.)

Address: _____

City: _____ State _____ Zip _____