

# THE ART OF PERFORMANCE WORKSHOP

## REGISTRATION FORM

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

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

### **Fees: \$15 (Includes HST) Cheque payable to JMC Productions**

*JMC Productions respects your privacy. We protect your personal information and adhere to relevant privacy legislation. We do not rent, sell or trade our mailing list. We will use this information to keep you informed of classes, workshops and other dance related activities. If you wish to be removed from the contact list please call: 905.681-1517 or email: [rosemarie\\_maurice@sympatico.ca](mailto:rosemarie_maurice@sympatico.ca)*

**WAIVER:** I, the undersigned, personally and on behalf of my heirs, executors, administrators and assigns, hereby release and forever discharge the following:

1. The Burlington Footnotes Senior Performance Troupe Inc.
2. JMC Productions
3. All sponsors, organizers and volunteers of said organizations, their respective officers, directors, agents, representatives or successors, from any and all claims or demands that I have or my heirs, executors, administrators, assigns or third party may have for personal injuries and property damage of any nature whatsoever, arising by reason of my participation or volunteering at any level of the organization's programs and productions.
4. **In addition to the above I consent to receive e-communications from JMC Productions**

I have read the above statement, understood it and my signature confirms its acceptance. I attest and verify that I have full knowledge of the risks involved in my participation and I am physically fit and able to participate in said classes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Medical information (allergies, medical conditions, etc.): \_\_\_\_\_

Send completed registration

form to:

JMC Productions

4180 Afton Court

Burlington, ON

L7L 1J6