



## Kinetic Synergy Dance Company

www.kineticsynergydancecompany.com

ksdc.director@gmail.com

### Dancer Information Form

Please complete the form below and return

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Do you text?: Yes ☐ No ☐

#### Emergency Contact Information:

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

Relationship: \_\_\_\_\_

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

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

Please mark the seasons you are interested in performing:

☐ Fall 2016

☐ Spring 2017

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

#### Administrative Use Only:

☐ Headshot

☐ Resume

☐ \$25.00 Audition Fee



## ***Kinetic Synergy Dance Company Liability Waiver and Acknowledgement of Risk:***

### **Read and Sign Below:**

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, assume all risks and responsibility for any such injury or accident, which might occur to me during any of Kinetic Synergy Dance Company rehearsals, performances or activities. I also exempt, release, and indemnify Dance Expressions RI, its owners, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands or causes of action whatsoever from any damage, loss injury or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Kinetic Synergy Dance Company. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Dance Expressions RI and Kinetic Synergy Dance Company, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury or death. I understand that I should be aware of my physical limitations and agree not to exceed them.

I have read, understand and agree to be bound by the above statement. (PLEASE PRINT YOUR NAME, SIGN AND DATE)

PRINTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_