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TrishaBrownCompany.org

2017 SUMMER INTENSIVE REGISTRATION FORM

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

SCHEDULE AND FEES

Please check the box next to the week(s) you will attend.

Abrons Arts Center Studio G05 — 466 Grand Street, NYC 10002

12:00-2:00pm – Warm Up Class

2:30-6:00pm – Technique and Repertory Workshop

WEEK I: June 12-16, 2017 — Fee: \$280

WEEK II: June 19-23, 2017 — Fee: \$280

WEEKS I & II: June 12-16 & June 19-23, 2017 — Discounted Fee: \$520

All participants must be 18 or older. Participants must take the full day (no partial days).

PAYMENT INFORMATION

Please check the box next to your payment method.

Pay by Check: Please make checks payable to: Trisha Brown Company, Inc.

Mail registration form and check to: Nico Brown, TBDC Director of Education, 341 West 38th Street, Suite 801, New York, NY 10018

Pay Online via PayPal: Please add a processing charge for **each week** of registration: \$10 for domestic credit cards and \$12 for international credit cards. Visit www.trishabrowncompany.org and click on "Donate" to access TBDC's PayPal site and pay securely via credit card online.

Submit registration form by mail or email a scanned form to education@trishabrowncompany.org.

RELEASE FORMS AND WAIVERS

Liability Waiver: I hereby waive, release and forever discharge TBDC and its principals, officers, directors, agents, insurers, and employees from liability from any and all claims, actions, and causes of action (including resulting from negligence) that may at any time result from my participation in the TBDC Summer Intensive, including any such that relate to costs, expenses or damages to my personal property, personal injury or illness (including death).

I confirm that I am in good health and physically fit to participate in the Intensive. I assume all risks of any damage, injury or disability to my person or property that may occur as a result of my participation in the Intensive and acknowledge that I will be solely responsible for any and all costs and expenses that I may suffer as a result of my participation in the Intensive. I hereby give up any right that I might otherwise have to sue for injury or damages resulting from my participation in the Intensive.

Photo Release Agreement: I grant TBDC employees and representatives the right to take photographs of me and to use my likeness in photographs or video taken at the Intensive. I authorize TBDC to use and publish these photographs with or without credit. I waive any right to compensation arising or related to the use of these photographs.

By signing below I confirm that I have read and accepted the condition to my participation in the Intensive as set forth above. I understand that I am giving up substantial rights including the right to sue.

Applicant Agrees (signature required): _____ Date: _____

Refunds: Payment will be returned if the intensive is full or canceled. Requests to withdraw registration must be received by **May 15, 2017** in order to receive a refund, minus administrative fees. Confirmation of registration will be sent via email to the address provided above.

For additional questions, visit www.trishabrowncompany.org or email education@trishabrowncompany.org.