



CBE Intensive / 2017 Registration Form

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Age: _____

Gender: (circle one) Male Female Another Identity

Are you currently in School or Studying in a Program? (circle one) YES NO

If Yes, what school/program? _____

How many years have you been dancing? _____ How many hours a week do you currently study? _____

What styles of dance do you study? _____

Please list any health conditions, injuries, medications, or other medical information CBE should be aware of:

Emergency Contact: _____ Relationship: _____

Phone: _____ Email: _____

How did you learn about the CBE Intensive? _____

Check the Tuition Option:

- Full Program: \$375, Paid in Full by December 5, 2017**
- Tuesday, December 5th to Friday, December 8th; 10am-4pm daily
 - 1 Ticket to CBE 10th Anniversary Season Included (except 12/1 Gala Performance)

Payment Method: (Check One)

\$50 Non-Refundable Deposit due with Registration Form. Send in Registration Form and Deposit ASAP; Limited space available.

- Check Enclosed (Made Payable to The Chase Brock Experience, Inc.)
- Credit Card: <https://squareup.com/store/the-chase-brock-experience>

Also submit the following items with Completed Registration Form to CBEintensive@gmail.com:

- Headshot
- Resume
- Dance Photo

Scholarship Opportunities Available:

If interested in applying for a Scholarship to CBE Intensive 2017, please include the following additional items with your Registration Form:

- Written Artist Statement: 1 page in length
- Two short clips of you dancing. Each clip 30-60 seconds; Two contrasting styles

Waiver:

I warrant and represent to The Chase Brock Experience (CBE) that: (1) I am in good physical and mental health as of today's date; (2) I have no knowledge of any medical conditions of any kind that would affect my participation in the CBE Intensive in any way whatsoever; (3) I am fully familiar with the procedures required for my participation in the CBE Intensive; and (4) I acknowledge complete understanding of the risks involved in my participating and engaging in the CBE Intensive, including but not limited to, risks of property damage or loss of property, risks of physical injury and/or death. I make these representations with the full understanding that CBE is relying on these representations. I agree that I will not hold liable the following for injuries sustained, death, or illnesses contracted by me while a student/participant at the CBE Intensive: CBE, Theatre Row, or any faculty member, employee, independent contractor or volunteer of either. I agree to indemnify CBE and its employees for all liabilities, costs, and judgments arising from acts or omissions of the undersigned which result in injury or damage to any person or party. I further agree that I will not hold the following responsible for the loss or damage of personal property during the CBE Intensive: CBE, Theatre Row, or any faculty member, employee, independent contractor or volunteer of either. I agree to abide by the rules and regulations of CBE and Theatre Row. I have read and understand the refund policies for the program for which I am applying and agree that I am only entitled to a refund under the terms and conditions specified.

In consideration for my participation in the CBE Intensive, I acknowledge and agree that The Chase Brock Experience and/or Theatre Row may produce certain media (including, without limitation, videotapes, audiotapes, photographs and other electronic media) for their archival, educational and marketing purposes which record the work and presence of the students (including, myself) at the CBE Intensive. I hereby grant The Chase Brock Experience and Theatre Row the right and permission to use in any and all media now known or hereafter invented, throughout the world in perpetuity, my name, voice, image and likeness for archival, educational and marketing purposes, and I agree that I will not receive any compensation in return.

Signed: _____ **Date:** _____

Insurance:

If you have medical insurance, please email photo copies of the front and back of your health insurance ID card. Thank you. (If you don't have medical insurance, please visit <http://actorsfund.org> to see if they can help you.)

Send all completed Registration Forms, Scholarship Forms, Resumes, Headshots, Dance Photos, and any additional questions to CBEintensive@gmail.com. Thank you! We look forward to dancing with you!