**COURSE DETAILS**

1. Duration of course applied for (please tick):

2 weeks 🞏

1 month 🞏

3 months 🞏

6 months 🞏

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Requested Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | |  | | | First Name | |  | |
| Gender | |  | | | Date of Birth | |  | |
|  | | | | | | | | |
| Country of Birth | |  | | Country of Citizenship | | | |  |
| Native Language | |  | | Other languages spoken | | | |  |
|  | | | | | | | | |
| **Current Address** | | | | | | | | |
| Street |  | | City | | |  | | |
| Country |  | | Postcode | | |  | | |
| Tel No |  | | Mobile | | |  | | |
| Email |  | | | | | | | |
| **Emergency Contact** | | | | | | | | |
| Street |  | | City | | |  | | |
| Country |  | | Postcode | | |  | | |
| Tel No |  | | Mobile | | |  | | |
| Email |  | | | | | | | |

How did you hear about Danceworks International Dance Visa Programme?

Please list any previous dance training and performance experience:

Please write a short statement (no more than 1 side of A4) stating your dance goals and specifically how you plan to pursue them during your studies at Danceworks.

RELEASE AND WAIVER

I understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects, or the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, rehearsals, photo shoots and performances and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, photo shoots and performances at or in connection with Danceworks, Mayfair. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to safely participate in dance classes, workshops, rehearsals, photo shoots or performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately known to Danceworks International Dance Visa Programme Staff. In view of the foregoing, and as a term and condition of receiving dance instruction at Danceworks, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Danceworks, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgments, executions and liabilities of any kind, known or unknown, that now have, ever had or may have, or claim to have, against Danceworks, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance instruction, workshop, rehearsal, photo shoot, performance or related activity, regardless of where held or when held, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss or otherwise. This release is for the entire premises of Danceworks, including but not limited to locker rooms, studios, bathrooms, stairwells, elevators, buildings and grounds.

\*I hereby represent that I am over eighteen (18) years of age and that I will abide by all the terms and conditions of Danceworks International Dance Visa Programme, including the above release and waiver.

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_