



*Sonia Dawkins, Artistic Director
Seattle, WA & New York, NY*

Rhythmic Repertoire Contemporary & Musical Theatre Workshop

Participant Name: _____ Parents Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name/Number/Relationship: _____

E-mail Address: _____ Age: _____

Please circle: Contemporary | Musical Theatre

This document confirms the agreement between: _____
(Student Name)

& SD|Prism Dance Theatre for the “Rhythmic Repertoire” Workshop.

By signing, the Participant and his/her parent or legal guardian agree to all the following:

1. Following all applicable rules and policies of SD Prism Dance Theatre “RR” Workshop and Steffi Nossen School of Dance & Center for Movement
2. SD|Prism Dance Theater, including all instructors, board members, administrative staff, and Steffi Nossen School of Dance & Center for Movement, shall not be held liable for injuries sustained or illnesses contracted by participant while a participant at SD|Prism Dance Theatre Rhythmic Repertoire Workshop. Dates: Oct. 12 & 13, 2025.
3. SD|Prism Dance Theatre may take photos and video record of student to use for Promotion of the company or instructors’ footage.

If you agree with the terms described above, please sign and date, on the line designated below.

Participant’s Signature: _____ Date: _____