



City of Kingston Cultural Services Workshop Waiver

Participant Name: _____ Age: _____

E-mail: _____ Phone: _____

Workshop Titles: *Contemplative Dance, Embodiment Butoh, and Butoh for Actors and Performers* with Denise Fujiwara

Date: November 8th, 9th, 10; 2018

Time: 7:00-9:30 p.m. (November 8th and 9th); 12:00-5:00 p.m. (November 10th)

Notes/Special requirements:

I grant permission to have my/my child's photo taken YES NO

I acknowledge that participation in a Cultural Services workshop may involve light to vigorous activity and there are risks involved in participating in this program. I acknowledge that my choice to register in a workshop brings with it the assumption by me of those risks. I am aware of no physical or other reasons why I/my child should not participate in this program. I/my child will follow program rules, regulations and instructor's directions. I do hereby release the City of Kingston and its employees and agents from any claim whatsoever arising from my participation in this program or any facility or location where the program is held.

Signature _____

Date: _____