

Vancouver Flute Day Registration

Name:

Date of Birth:

Phone Number:

Email Address:

Address:

City, Province:

Zip Code:

Country:

Emergency Contact Name:

Emergency Contact Phone Number:

Interested in Lesson:

- Flute
- Alexander Technique
- Joint Flute & Alexander

Private or Shared Lesson:

- Private Lesson
- Shared with another student

Flute Faculty (if applicable):

- Emma Shubin
- Roderick Seed
- Paul Hung

Liability Waiver:

I agree to indemnify and hold harmless Integral Steps, its officers, employees, agents, consultants, subcontractors, insurers and representatives (collectively Integral Steps), for any loss, damage, or injury to myself or my property in any way related to my participation in Integral Steps' programs. I authorize Integral Steps to seek emergency medical assistance at my expense in a medical emergency.

Signature: _____

Date: _____

Media Release:

Integral Steps has my permission to use my photograph publically to promote their programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I consent to videotaping and other media recordings of my and my child's participation in this program and for these recordings to be used for any lawful purpose.

Signature: _____

Date: _____

Flute & Alexander Technique Experience:

Please email your completed registration to info@integralsteps.org

You will be sent registration confirmation and an invoice for fees upon receipt.