



- Schedule subject to change
- Classes filled on a 1st come, 1st serve basis
- Drop Ins welcome, but no latecomers admitted
- All classes and events are wheelchair accessible
- Work study available, but limited, contact us at:
www.idfest.org (818)618-4772
admin@notmanapart.com

Pre-REGISTRATION

_____ \$500–600 (sliding scale) Entire Festival (\$450 if deposit made Dec. 31 Happy New Year)
 Includes intensives, all other workshops, & performances

_____ \$300 A SPLENDID MOMENT – Action Theater with Ruth Zaporah
 5-day Intensive, Advanced Skill Level (-\$25 off if deposit made Dec. 31 Happy New Year, NO DROP-INS)

_____ \$100 BODY, VOICE, MOVE – with Niamh Condron, 2-day Weekend Workshop, All Skill Levels

_____ \$125 CREATING DUETS – with Rachael Lincoln, 2-day Weekend Workshop, All Skill Levels

_____ \$125 THE BODY ELECTRIC - with John Farmanesh-Bocca, 2-day Weekend Workshop, All Skill Levels
 (2-Day Weekend Workshop -\$25 off if deposit made by Dec. 31 Happy New Year, DROP-INS \$65 - subject to instructor approval)

_____ \$100 DIAVOLO TECHNIQUE AND SET PIECES – with Jones Welsh, 4-day Workshop, Intermediate Skill Level
 (4-Day Workshop \$75 if deposit made by Dec. 31 Happy New Year, DROP-INS \$25)

_____ \$20 iDfest Sunday Performance/Demonstration

_____ Total \$

\$50 non-refundable deposit required for Pre-Registration.
 U.S. Funds Only Please, do not mail any payments after Dec. 31 OR any cash payments.
 Make checks or money orders payable to *Not Man Apart* and mail with this form to:
 NMA-iD Fest/ PO Box 241193/ Los Angeles, CA 90024
 OR
 Pay online with a credit card on a secure site with Paypal.
 Just go to <http://www.idfest.org/>
 Scroll down to the Workshop Registration section, select your purchase, and click Add to Cart button and follow Paypal instructions.
 (Be sure to still mail this form or include ALL information in the comments section)

I AM ENCLOSING (check one)
 \$50 non-refundable deposit by check. I will pay the balance of \$ _____ OR full payment of \$ _____
 \$50 non-refundable deposit by credit card. I will pay the balance of \$ _____ OR full payment of \$ _____ (See Paypal link)

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Phone: _____

Email: _____

How did you hear about the iD Fest?
 Flyer Ad Media Email
 People Other _____

Experience Level:
 Beginner Intermediate Advanced

Please indicate your workshop registration and sign the release on the back!

Circle Registered workshops and performances.

	Dates	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
January	10-15 th		Jan 11 5-day Intensive w/ Ruth Zaporah 600-1000pm @ Diavolo	Jan 12 5-day Intensive w/ Ruth Zaporah 600-1000pm @ Diavolo	Jan 13 5-day Intensive w/ Ruth Zaporah 600-1000pm @ Moose Lodge	Jan 14 5-day Intensive w/ Ruth Zaporah 100-500pm @ Diavolo	Jan 15 5-day Intensive w/ Ruth Zaporah 100-500pm @ Diavolo
						2-day Workshop w/ Niamh Condrón 10-1230pm @ Diavolo	2-day Workshop w/ Niamh Condrón 10-1230pm @ Diavolo
January	16-22 nd			Jan 19 4-day Workshop w/ Jones Welsh 9-11am @ Diavolo		Jan 21 2-day Workshop w/ Rachael Lincoln 1-5pm @ Diavolo	Jan 22 2-day Workshop w/ Rachael Lincoln 1-5pm @ Diavolo
January	23-29 th	Jan 24 4-day Workshop w/ Jones Welsh 9-11am @ Diavolo		Jan 26 4-day Workshop w/ Jones Welsh 9-11am @ Diavolo		Jan 28 2-day Workshop w/ John Farmanesh- Bocca 1-5pm @ Diavolo	Jan 29 2-day Workshop w/ John Farmanesh- Bocca 1-5pm @ Diavolo
January	30-31 st	Jan 31 4-day Workshop w/ Jones Welsh 9-11am @ Diavolo					

**RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT
(MUST BE COMPLETED AND SIGNED)**

In consideration of my participation in any one of Not Man Apart's activities, I acknowledge that I understand the nature of the activity and that I, and /or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation.

I fully understand that dance and other movement activities related to Intention Dance Theater and Not Man Apart's Los Angeles Improv Dance Festival may involve risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity. In the case of serious injury to myself, and /or my minor child, in which a parent or guardian cannot be contacted immediately, I hereby authorize Not Man Apart staff, volunteers, and other participants to apply any necessary medical care and to contact emergency medical support as soon as possible.

I hereby release, discharge, and covenant to not bring legal action against Diavolo Dance Theatre, Intention Dance Theater, or Not Man Apart, its patrons, Board of Directors, their respective administrators, directors, agents, officers, volunteers, and employees, (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my and/or my minor child's behalf, makes claim which does not arise from the gross negligence of, or intentional, willful or wanton misconduct of Releasees against any of the Releasees, I will indemnify, defend, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

• Participant Medical Preference and Information

MEDICAL/HOSPITAL INSURANCE COMPANY _____

HOSPITAL CHOICE _____

EMERGENCY CONTACT AND PHONE # _____

Please list any MEDICAL CONDITIONS that may affect your safety or the safety of those around you (e.g. allergies, asthma, seizures, heart ailments, physical handicap, etc.).

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

Signature OR Parent/Legal Guardian

Date Signed

Printed Name AND Parent/Legal Guardian