## **INTEGRARTE** Workshop/Programs Registration Form

Name			
Address			
City	State_		Zip
Phone	Email		
Dates /Week of program taking Waiver of Liability: I release any claim I might have again Erica Cornejo, any of the teachers ( I and will not hold any of the aforemen property or from loss of life sustained activities or while on or about Integra	nst Integrarte Inc, I nstructors ), its offic tioned parties liable I by me during the o	ntegrarte prop cers, boards, a e for such injur	erties LLC ,Carlos Molina, agents and employees, ry or damage to person or
Signature:		Date _	//

## PICTURES AND VIDEO IMAGES RELEASE

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(2) My voice - including sound and video recordings.

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I acknowledge that I have read the foregoing and fully understand the contents.

## Signature: \_\_\_\_\_Date \_\_\_\_\_Date \_\_\_\_\_