



DANCE WORKSHOP WITH CARLO DI LORENZO 17TH MAY 2025

APPLICATION FORM

Please fill in and submit this application by email on destageddance@gmail.com to secure your place.

Participant Information:

- First Name: _____
- Last Name: _____
- Date of Birth: _____
- Age (on 17th May 2025): _____
- Dance Experience/Level: yes/no If yes, specify: _____
- Mobile Number: _____
- Email Address: _____

Parent/Guardian Information (if participant is under 18 years of age):

- Parent/Guardian's Name: _____
- Relationship to Participant: _____
- Contact Number 1: _____
- Contact Number 2: _____

Liability Waiver:

As the participant or parent/legal guardian of the enrolled participant, I understand that possible risk for injury, damage or loss may result from participation in the dance workshop. By signing below, I hereby release and discharge the organisers and instructors of the workshop from any and all claims of injuries, damages, and/or loss which may occur to me or to my child as a result of participation in this workshop. I have read and understand this statement.

Applicant/Parent/Guardian's Signature: _____ Date: _____

Photo/Video Consent:

I _____ grant the organisers of this workshop, as well as The Ministry for Gozo and Gozo Collage, permission to take and use photographs and/or videos of me (or my child, if under 18) during the dance workshop for promotional materials (e.g., brochures, flyers), website and social media use (e.g., Facebook, Instagram) and archival purposes.

I understand that these photos/videos may be used publicly.

Applicant/Parent/Guardian's Signature: _____ Date: _____

*The remainder of this document will be completed **by the organisers** and sent back to you once the time slot of the workshop has been assigned to this participant.*

Class _____ Date _____

Time _____ Venue _____



GOVERNMENT OF MALTA
MINISTRY FOR GOZO
AND PLANNING

