



Music Workshop & Concert

John Nilsen, clinician

at Jodi's School of Music

Where **Magic** happens!

REGISTRATION FORM

Name: _____

Mailing address: _____

Contact numbers: cell: _____ home: _____

Email address: _____

A \$150.00 non-refundable deposit is due with this form. This deposit will secure your position at the workshop. The balance due of \$600.00 is due two weeks prior to the commencement of the workshop. Make checks payable to Jodi's School of Music and send to 19215 SE 34th Street, Ste 106-265, Camas, WA 98607. You may also pay via www.pay.google.com or we can invoice you or your organization and you may pay directly through the invoice.

If enrollment is accepted: I will release Jodi's School of Music and John Nilsen, it's Directors, Faculty, and all personnel from any claim of any kind whatsoever arising out of or during attendance at Workshops & Concerts, and I further agree to indemnify and hold harmless from any and all claims, including but not limited to legal fees incurred by reason of my attendance. In addition, I agree that the Workshops & Concerts participants' email list and other materials provided by Jodi's School of Music and John Nilsen, shall not be used or furnished by me to anyone else, for any commercial purpose whatsoever. I further agree to allow Jodi's School of Music and John Nilsen to use photos & videos of me and other participants, and quotations on their websites.