

# Martha Graham School of Contemporary Dance

*Please Print Clearly.*

FOR OFFICE USE ONLY  
ID Number

## Permanent Address

First Name

Last Name

Suffix

Address

City

State

Zip Code

Country

## Local Address

Address

City

State

Zip Code

Country

Good Until

Home Phone

Work Phone

Mobile Phone

Email Address

Alternate Phone

Fax Number

Gender

Birthdate

Country of Birth

SSN#

Nationality

Citizen of

Ethnicity

## Emergency Contact Information

First Name

Last Name

Address

City

State

Zip Code

Country

Home Phone

Work Phone

Mobile Phone

Union Member?

AFTRA

AGMA

EQUITY

SAG

## Waiver of Liability

I hereby agree that I will not hold the Martha Graham School of Contemporary Dance, Inc., members of the faculty, or any employees liable for injuries of illness of any kind contracted by me while a student of the Martha Graham School.

Signed \_\_\_\_\_