



Human Cadaver Dissection for Movement Artists

presented by

Jim Donak CAWT MAP NLP

Bodywork ~ Education ~ Awareness



WORKSHOP APPLICATION FORM

NAME

FIRST: _____ LAST: _____

MAILING ADDRESS

STREET: _____

CITY: _____

STATE/PROVICE: _____ ZIP/POSTAL CODE: _____

CONTACT INFORMATION

MOBILE NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT INFORMATION

FULL NAME: _____

MOBILE NUMBER: _____

HOW DID YOU HEAR OF THIS WORKSHOP? _____

Please send your completed application by mail or email to:

Jim Donak
1732B Berkeley Way
Berkeley, CA 94703
jim@divingbuddah.com

*You will be contacted once your application has been reviewed. If you are accepted into the workshop you will be sent instructions for payment methods.

Do not send in tuition until your application has been reviewed and accepted.

Business- 415.515.3282
1732B Berkeley Way, Berkeley CA 94703

jim@divingbuddah.com
www.divingbuddah.com



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EXPERIENCE

IN WHAT STYLE(S) OF MOVEMENT ARTS ARE YOU INVOLVED? (i.e. single point aerial, acrobatics, dance, hand balancing, etc.) _____

DO YOU HAVE ANY PREVIOUS EDUCATION WITH THE TYPE OF CONTENT THAT WILL BE INCLUDED IN THE WORKSHOP? (i.e. anatomy, kinesiology, etc.)?

If yes, state what it is and where it was acquired. _____

DO YOU HAVE PREVIOUS DISSECTION EXPERIENCE?

If yes, state what it is and where it was acquired. _____

WHAT ARE SOME ATTRIBUTES THAT YOU WILL BE ABLE TO CONTRIBUTE?

WHAT IS YOUR INTENT FOR ATTENDING THIS WORKSHOP? HOW WILL YOU BE APPLYING THE KNOWLEDGE LEARNED? _____



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DISSECTION WORKSHOP WAIVER FORM

FULL NAME: _____

MOBILE NUMBER: _____

EMAIL ADDRESS: _____

I agree not to disclose any information regarding the forms which will be dissected without the specific written permission of The Institute for Anatomical Research and/or Jim Donak

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Everyone must sign this agreement prior to entering the lab. It shows that you are aware that there are risks inherent in undertaking dissection and that you waive the right to make claims against the lab, and instructor(s)

I _____ (PRINT NAME HERE) hereby agree to indemnify and save harmless The Institute for Anatomical Research its staff and/or its subsidiaries and Jim Donak from and against all liability claims and demands on account of injury to persons including resulting therefrom and damage to property arising out of participation in the Human Cadaver Dissection for Movement Artists workshop to be held in Colorado Springs at The Institute for Anatomical Research.

SIGNATURE: _____

To sign electronically: go to Tools>Annotate>Signature>Manage Signatures

DATE: _____