



2020 UNMASKED DANCE CONVENTION

REGISTRATION

DANCER NAME: _____ D.O.B.: _____ AGE: _____

CITY: _____ SHIRT SIZE (SPECIFY YOUTH OR ADULT): _____

PARENT/GUARDIAN NAME: _____

CELL: _____ EMAIL: _____

SELECT AGE GROUP

MINI 7-9YRS

JUNIOR 10-13YRS

SENIOR 14YRS & UP

WORKSHOP PARTICIPATION OPTIONS

FULL DAY EARLY BIRD FEE \$125 ENDS JANUARY 15, 2020 (includes 4 workshops, t-shirt, closing ceremonies/awards)

FULL DAY \$140 AFTER JANUARY 15 (includes 4 workshops, t-shirt, closing ceremonies/awards)

HALF DAY \$90 (Includes 2 workshops and a t-shirt)

INCLUDE LUNCH \$10 FOR FULL DAY (includes drink, Subway, caesar salad)

OBSERVER PASS \$15 (Parents/Guardians of registered dancers are allowed into workshop classes if they have purchased an observer wristband. We respectfully request that observers do not talk during workshops as it is distracting for dancers and the choreographers.)

OBSERVER NAME: _____

ALL REGISTRATIONS ARE NON-REFUNDABLE, INCLUDING IF THERE IS A FACULTY CHANGE.

HEALTH

PLEASE LIST ANY ALLERGIES, MEDICATIONS, AND/OR CONDITIONS THAT WE SHOULD KNOW ABOUT.

ADMIN ONLY

AMOUNT PAID: _____ PYMT METHOD: CASH / DEBIT / CREDIT / EMT DATE: _____

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

PARTICIPANT NAME: _____

In consideration of being allowed to participate in any way in the UNMASKED DANCE CONVENTION athletic/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that;

1. The risk of injury from the activities involved in this program is possible and can take place. While there are particular rules, equipment, and personal discipline that may reduce the risk; the risk of serious injury does exist; and,
2. I or participant KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participant; and,
3. I or participant willingly agree to comply with the stated and customary terms and conditions for participants. If however I or participant observe and feel there is a significant hazard during the presence or participation, I or participant will remove myself, or his/herself from participation and ring such to the attention of the nearest official immediately; and,
4. I, for myself or participant and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS No Limits Youth Organization, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and , if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any encouragement.

X _____
PARENT/GUARDIAN SIGNATURE IF PARTICIPANT UNDER 18

X _____
PARTICIPANT IF 18 YEARS

X _____
WITNESS

DATE SIGNED

PICTURE/PRINT/VIDEO MEDIA

I grant permission to No Limits Youth Organization to display photographs/video and/or name of the above named participant in media releases, displays, and other publications or social media. This consent will remain valid for as long as the individual remains involved with No Limits Youth Organization unless revoked in writing.

X _____
PARENT GUARDIAN/SIGNATURE

DATE SIGNED