

COMMUNITY DANCE SHOWCASE 2010

PARTICIPATION FORM

Please return this form along with the tech sheet by Friday, April 2, 2010 to: LaMorne's Dance & Fitness, LLC, 123A Highway 80 East #274, Clinton, MS 39056 or fax (866) 496-8083

Contact Person: _____

Phone Number: (_____) _____ E-mail Address: _____

Address: _____

Name of Dance Studio/Company: _____

*Make sure that your instructor/studio owner signs this form.

Student Organization (if applicable): _____

School (if applicable): _____

Style of Dance: _____

Music: _____ # of Dancers: _____

Provide a description on the group. This description may include history, sponsors/instructors, members, and any other relevant information.

Commitment:

I understand that I am making a commitment to participate in this National Dance Week Event. I hereby certify I/group am/are adequately fit to dance in this activity. In consideration or the acceptance of this entry, I, the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release, and discharge any and all rights and claims which I have or may have hereafter accrue to me or my estate against LaMorne's Dance & Fitness and/or any other sponsors, organizers and volunteers and assigns for any and all injuries or death suffered by me in this event. I will also allow my picture to be used in publication as a result of this event.

Signature _____ Date _____