

TITANS OF DANCE

Workshop Registration

**** ONLINE REGISTRATION IS PREFERRED***

WORKSHOP CITY: _____

STUDIO NAME (OR INDEPENDENT): _____

DANCER NAME (IF INDEPENDENT): _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

STUDIO ADDRESS: _____

FEES:

Below are the fees for each type of registration. The first represents the price for all registrations received at least 30 days in advance of the event, while the second number reflects the price for all registrations received within 30 days of the event. For the month of September, the early bird rate applies to 15 days in advance as opposed to 30.

<u>Division</u>	<u>QTY</u>	<u>TUITION</u>		<u>TOTAL</u>
MINI (7-9)	___	125/150	=	_____
JUNIOR(10-12)	___	125/150	=	_____
TEEN/SENIOR (13 & Up)	___	125/150	=	_____
TEACHER	___	125/150	=	_____
STUDIO REPRESENTATIVE	___	50/ 60	=	_____
OBSERVER	___	20/25	=	_____

*Scan and send back with credit info below via email to titansofdanceintensive@gmail.com or send form & payment by check/credit to: Titans of Dance 106 Competitive Goals Dr, Sykesville, MD 21784.

Name: _____

Billing Address: _____ City/State/Zip: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Card Type: VISA/MC/DISC

How to Register:

1. Enter dancer total in each division noted above.
2. Enter list of names, division, and age as of day of the event.
3. If paying by check, please submit only ONE check to: **Titans of Dance.**
4. All tuition is non-refundable. No exceptions. All returned checks are charged at a \$35 rate.

TITANS ROSTER

*Sheet may be duplicated for entries in excess of 25.

Dancer	Birthdate	Division
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

RELEASE AND WAIVER OF LIABILITY AGREEMENT

This form must be completed by each studio

I, _____(Participant), represent, acknowledge and accept that participation in the Titans of Dance workshop and showcase includes strenuous physical activity and involves possible risk of serious injury (including paralysis and/or death) with or without the negligence of others. Participant, on his or her own behalf, and the parent/guardians, on behalf of Minor Participant as well as on their own behalf and that of their heirs and assigns, unequivocally agree to willfully incur and assume such risks as a condition to participation in the activities for which Participant is willfully registered.

Studio Name: _____ Event City: _____

Parent/Legal Guardian Name: _____

D.O.B.: _____ Cell Phone: () _____ Home Phone: () _____

Address: _____ City/State/Zip: _____

Participant's Email: _____ Parent's Email: _____

Emergency Contact Name and Phone Number: _____

I (Participant or Parent/Legal Guardian of Minor Participant on behalf of the Minor Participant and on their own behalf) hereby waive any and all claims (past, present or future), release and discharge, covenant not to sue, and agree to hold harmless Titans of Dance, LLC (as well as its officers, employees and agents) and the hosting site on whose premises the event will be held (hereinafter collectively "Releasees") from any and all liability, expense, loss, claims, action, demands, judgments and executions which the undersigned experienced or experiences in any way caused by, related to, or arising out of, directly or indirectly, the activity for which the Participant is permitted to engage. In the event of illness or injury, I authorize Titans of Dance, LLC to obtain the necessary medical treatment for the Participant and hereby, on my own behalf and on behalf of the Participant, release and hold harmless all Releasees.

This release covers every possible injury or accident of every sort and nature, whether related to the permitted activity, the equipment, the condition of the premises, or otherwise, and regardless of whether due in whole or in part to the negligence of a releasee or other Participant. The undersigned represents and agrees that this waiver and release is binding not only on the undersigned, but also upon their respective heirs, representatives, administrators, executors, and assigns.

The undersigned represents that the Participant is healthy and has no physical or mental condition that would impair Participant's ability to fully and safely participate in the intended activity. All participants under the age of 18 are required to have a chaperone age 21+ who will be responsible for the participants at all times. I understand and agree that Titans of Dance, LLC is not responsible for participants' supervision. I also provide full waiver and release for Titans of Dance, LLC to use any pictures or video taken at the event for commercial or marketing means.

I am also aware that this is a release of liability and a contract between myself and Titans of Dance, LLC, and sign it of my own free will. I have carefully read this agreement and fully understand its contents. I have also had the opportunity to speak with an attorney if I found any of the content to be ambiguous. I have also read the Refund/Credit policy in its entirety and agree to its contents. The full policy can be found at www.titansofdancetour.com

My signature below verifies that the risks of the activities and the significance of this Release and Waiver were explained to the Participant and Parent/Legal Guardian and that each fully understood them.

Studio/Participant's Signature

Parent/Legal Guardian's Signature

Date

Date
