



DAY OF DANCE 2010:
CAN YOU FEEL THE BEAT?
Dance Contest Registration

Saturday, February 27th, 2010
 The Holiday Inn 700 E. Main Street, Stamford, CT 06902
Contest start time: 1:00 PM
 FREE ADMISSION

Limited slots available. All contest registrations and song names deadline: Monday, February 22, 2010.

First Name: _____ Last Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Sex (circle one): M / F Age: _____
 (11 or older as of 2/27/10)
 Email Address: _____

DANCE CATEGORY(s) - each dancer may perform in up to 2 categories:
 Solo (2 min 30 second limit) Duet (2 min 45 second limit) Small Group (3 minute limit)
 Group Name (if applicable): _____
 Duet/Groups additional participant names (maximum 5 members total).
 (Note: Each participant must also sign separate registration form and waiver.)
 2. _____ 3. _____
 4. _____ 5. _____
 Dance style(s):
 Tap Jazz Ballet Ballroom Latin
 Modern Hip-Hop Aerobic Dance Other: _____
 ➤ Every 15 seconds over the time limit will receive a 1 point deduction per judge.
 ➤ Please submit song name by 2/22/10 for pre-event approval.
 ➤ Submit music 1 hour prior to contest start (CD with 1 song per disc] labeled with song title and registrant/group name).

Please return to: Stamford Hospital Foundation: Day of Dance
 1351 Washington Boulevard, Suite 202 ~ Stamford, CT 06902
 Fax: (203) 276-2051; e-mail: dayofdance@stamhealth.org
 No confirmation is sent for registrations; see above e-mail for inquiries.

Waiver: Please read waiver on reverse of this form and sign below to indicate acceptance. **One registration form with a waiver signed per participant, please.**

Participant signature* _____ Date: _____

*If participant is under 18, parent/guardian signature _____



PARTICIPANT RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND CONSENT

In consideration of being allowed to register and participate in the Day of Dance event, related events and activities, I, the undersigned, individually or as parent or legal guardian of a minor participant under 18, understand and agree that:

1. I hereby certify that I am, or the minor participant is, physically fit for the purposes of participating in Day of Dance and/or Can You Feel the Beat? Dance Competition in the capacity of a dancer/participant and that I have not been informed to the contrary by a physician.
2. I am aware of the risks inherent in dancing and that injury may occur as a result of participation in these activities, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
3. I, intending to be legally bound, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself or the minor child from participation and bring such hazard to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin or for the minor child on behalf of his or her heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, [INDEMNIFY AND HOLD HARMLESS] STAMFORD HEALTH SYSTEM, STAMFORD HOSPITAL FOUNDATION, the Holiday Inn OF STAMFORD, and these entities' officers, officials, agents and/or employees, as well as other participants, sponsors, advertisers, volunteers, suppliers/vendors, and, if applicable, owners and lessees 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 OR NOT ARISING FROM THE NEGLIGENCE OF THE RELEASEES, resulting from participation in Day of Dance events, to the fullest extent permitted by law; and,
6. This provision only applies to parents or guardians of any minor under the age of 14 who will be participating in the event: I, as parent or legal guardian of the minor participant under the age of 14, agree to participate alongside said minor for the duration of the event, and, if I am not participating in the event, I agree to have another qualified adult participate alongside said minor for the duration of the event; and,
7. I consent that any photographs and/or video taken by photographers/film crews shall remain the property of Stamford Hospital and grant permission for use of my name and/or picture or the minor participant's name and/or picture for the purpose of advertising, publicity, in-house publications, promotions or any other legitimate account of these events.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND CONSENT FORM, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND DO SO FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Waiver/Release Signature _____

Parent's Signature (if participant is under age 18) _____