



2010 NATIONALS COVER SHEET & RELEASE FORM

STUDIO NAME: _____ DIRECTOR: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

STUDIO PHONE: () _____ FAX NUMBER: () _____

CELL PHONE: () _____ E-MAIL: _____

HOW DID YOU HEAR ABOUT US? _____

*Directors, please list all participants from your studio. If you need more space please attach a second form.

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As an agent and/or representative of the contestants listed above and attached, I fully understand that participants in dance competitions take risks including minimal, serious, catastrophic injuries. I acknowledge and accept such risks and release the staff and sponsors of Turn it Up Dance Challenge from any claims for damages, injuries, or loss of property while participating at this event. **Also, I have received, read, and understand all rules and regulations located on the website and realize that there are no refunds under any circumstances beyond the 30 day deadline.** I understand that Turn it Up Dance Challenge produces promotional material relating to its business. I understand that any participant or viewer may be included in videotapes or photographs taken during the event. Therefore, I grant Turn it Up Dance Challenge, sponsors, television networks and all other commercial exhibitors the exclusive right to photograph/ videotape myself and my participants and utilize such videotapes and photographs as a part of the event, in advertising, and promotions.

X _____
SIGNATURE OF DIRECTOR

DATE

