



REGISTRATION, MEDIA WAIVER AND RELEASE OF LIABILITY FOR VIDEO DANCE COMPETITIONS

(Please make a copy of this form for each individual participating in the Video Dance Competition)

All participants must submit this form with Registration and Fees. (Please download the pdf, print information, and initial and sign where indicated. You may either scan the completed form or take a picture and text it to 519.830.0016 with your name.)

By signing below, I give consent to the Flying Dance Community to use my name _____ (initial), voice, photograph, video and likeness in connection with any and all future publications, media broadcast, promotional photographs, promotional websites, commercial products including and not limited to calendars, dance team pictures, t-shirts, and any other commercial items.

Dancer | Guardian Waiver & Release

Participant's Name : _____.

Guardian's Name (if participant is under 18): _____.

Email: _____.

Phone #: _____.

I, the undersigned acknowledge:

1. That I am participating in an online Video Dance Competition (VDC) hosted by the Flying Dance Community (FDComm)
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in any exercise | competition program. I hereby represent and warrant that I am physically able to participate, and I have no medical condition that would prevent my full participation in this competition.

3. I understand the guidelines of being permitted to participate in VDC, I assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the competition.
4. By participating in the VDC, I knowingly, voluntarily, and expressly waive any claim I may have against FDComm, its directors, instructors, volunteer staff of any claims arising from any accident, injury or otherwise sustained to any child or adult while preparing and recording the videos for the competition
5. I have read and understand the above information in its entirety and I consent to participating in this program.

Participant Signature _____

Or Guardian's Signature _____

Date: _____

