



EXPRESS YOUR WORSHIP CONFERENCE 2007-8 REGISTRATION "COULD YOU LOVE ME MORE?!"

Register early * all workshops may be maxed out
No phone, please fax, e-mail registrations! (Please complete a separate form for each applicant)

Demographics

Applicant: _____ Contact Person: _____
 Address: _____ City: _____ Zip: _____
 Phone Number (c): _____ Phone Number (hm or wk): _____
 E-mail Address: _____ Website address: _____
 Ministry/Studio/Organization Name: _____
 Ministry/Studio/Organization Address: _____
 Ministry/Studio/Organization Phone Number: _____
 Church / Affiliate / Covering: _____

***** Detroit, MI - October 25-27, 2007

***** London, England Feb. 14-16, 2008

***** Tampa, FL - November 7-10, 2007

***** Bradford, England February 2008 (T.B.A.)

Please check all you will be attending

Categories	Number of participants	Fee	Total
Child (7 – 12 yrs)			
Group			
Individual			
CDF Member			
Director/Studio Owner			

(Please subtract teacher discount if applicable – See Registration page of our website to calculate)

Registration Fees subtotal: \$ _____

Leadership Seminar & Luncheon Registration - \$25

Name: _____ Are you are leader? Yes: No:
 Number in your group attending luncheon: _____ @ \$25.00 pp = \$ _____

Leadership Seminar & Luncheon registration fees subtotal: \$ _____

GRAND TOTAL

Enclosed is the total amount of \$ _____

This amount enclosed includes the correctly categorized participants at the amounts stated on the website and the luncheon, if attending. Please make sure to label each person according to category correctly in order for proper wristbands to be administered.

Additional Information

**Liability Statement: I hereby release and hold Dare 2 Dance, the hotel facilities, the faculty, their agents, and staff harmless from any and all liabilities while participating in any and all activities:*

Signature (Required): _____ **Date** _____

Make check/money order payable to Dare 2 Dance, Inc. and Mail Registration to: Dare 2 Dance, P.O Box 24492, Tampa, Florida 33623; Office: 813-785-9983, Fax: 813-949-8875, E-mail: info@daretodance.org

or

Pay by PayPal





EXPRESS YOUR WORSHIP CONFERENCE 2007-8

Dare 2 Dance, Inc

Release of Liability / Wavier Liability Form

(Please complete a separate form for each applicant. *All waivers* must be completed before *entering conference workshop classes*)

This is a *WAIVER OF RIGHTS*. Please read carefully before signing. Do not sign agreement unless you fully understand what you are signing.

Dare to Dance, Inc
P.O. Box 24492 Tampa, FL 33623

RE: Participant _____ DOB: _____

I, _____ do hereby acknowledge that I intend to participate in the Annual Express YOUR Worship Creative Arts Conference 2007 – hosted by Dare 2 Dance, Inc. I acknowledge that I will be doing so of my own free will.

I, _____ as parent of the above, acknowledge my child’s desire to participate in the Annual Express YOUR Worship Creative Arts Conference 2007.

I acknowledge that the Dare 2 Dance, Inc and Express YOUR Worship Conference instructors, staff and volunteers will behave prudently in the safety of dance classes in order to avoid accidents and/or injuries from occurring. We realize that participation in vigorous activities entail the risk of injury to the participants. I accept this risk regardless of the nature of the injury.

I waive and absolve Dare 2 Dance, Inc. its founder, instructors, staff, advisors, sponsors and volunteers from any and all liability and responsibility for injuries, sickness, accidents, and/or natural occurrences during participation by myself / my child in the Annual Express YOUR Worship Creative Arts Conference 2007 and /or any other Dare 2 Dance, Inc. conference related activity.

I understand that each participant is responsible for his or her own personal health, medical, dental, chiropractic, and accident insurance coverage.

Photo/Video/Transportation Release

I grant permission to Dare 2 Dance, Inc & Express YOUR Worship Conference 2007, use of all photographs and video footages taken of me and/or my child during this conference. _____ (*Please Initial*) I acknowledge that at this event pictures may be taken of participants, which may include my child/me. I authorize Express YOUR Worship Creative Arts Conference 2007 and Dare 2 Dance, Inc permission to use pictures of my child/me for marketing and promotional purposes only. I, intending to be legally bound, do hereby, my heirs, executor, and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or may hereafter accrue to me or my child against Express YOUR Worship Creative Arts Conference 2007 and Dare 2 Dance, Inc, the founder, instructors, advisors, sponsors, volunteers or staff, for any damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or rising out of travel to and/or return from any Dare 2 Dance, Inc & Express YOUR Worship Conference 2007 related site or activity affiliated with Dare 2 Dance, Inc & Express YOUR Worship Conference 2007.

Dated this _____ Day of _____ 20_____ Home Phone: _____
Name of Participant _____ Signature _____
Parent / Legal Guardian _____ Signature _____
Health Card # _____ Date of Birth _____

Please List 2 Emergency Contact Proper, Legal Names and Numbers:

1. (Name) _____ (Phone #) _____
2. (Name) _____ (Phone #) _____