



### EXPRESS YOUR WORSHIP CONFERENCE 2006 REGISTRATION

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: \_\_\_\_\_  
 Ministry/Studio/Organization Address: \_\_\_\_\_  
 Ministry/Studio/Organization Phone Number: \_\_\_\_\_  
 Church / Affiliate / Covering: \_\_\_\_\_

Categories	Number of participants	Fee	Total
Child (1 - 12 yrs)			
Group			
Individual			
CDF Member			
Director/Studio Owner			

Enclosed is my check (or money order) for Registration fees only: Total: \_\_\_\_\_

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

Please check all you will be attending:

- Waco, TX - August 25<sup>th</sup> – 26<sup>th</sup>
- Detroit, MI - October 26<sup>th</sup> - 28<sup>th</sup>
- \*\*\*\* Tampa, FL - November 8th - 11<sup>th</sup>
- \*\*\*\* Canada Winter 2007 (T.B.A.)

#### Professional Choreography Clinic Registration

1-10 Registered Students = 1 Performance / 11-25 Registered Students = 2 Performances

Solos, duets, and trios: \$20.00 / All group numbers of 4 to 9 dancers: \$35.00 / 10+ dancers: \$50.00

Please note that the Choreography Clinic is not available in all cities.

Ministry or studio name: \_\_\_\_\_

Name of song, including recording artist / style of dance / number of dancers: \_\_\_\_\_

Name of song, including recording artist / style of dance / number of dancers: \_\_\_\_\_

Enclosed is my check (or money order) for Choreography Clinic registration fees only: Total: \_\_\_\_\_

#### Leadership Seminar & Luncheon Registration - \$25

Name: \_\_\_\_\_ Are you are leader? Yes:  No:

Amount: \_\_\_\_\_ (Leadership luncheon is \$25.00 per person)

Enclosed is my check (or money order) for Leadership Seminar & Luncheon registration fees only: Total: \_\_\_\_\_

#### Additional Information

Please make sure to label each person according to category correctly in order for proper wristbands to be administered.

*\*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 \_\_\_\_\_

Mail Registration to: Dare 2 Dance, P.O Box 24492, Tampa, Florida 33623 Office: 813-377-4177, Cell: 813-785-9983, Fax: 813-949-8875, E-mail: [info@daretodance.org](mailto:info@daretodance.org)

#### Total Fees

Registration fees only: \_\_\_\_\_

Choreography Clinic registration fees only: \_\_\_\_\_

Leadership Seminar & Luncheon registration fees only: \_\_\_\_\_

TOTAL FEES: \_\_\_\_\_



**EXPRESS YOUR WORSHIP CONFERENCE 2006 ~ Dare 2 Dance, Inc**

**Release of Liability / Waiver 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 2006 – 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 2006.

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 2006 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 2006, 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 2006 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 2006 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 2006 related site or activity affiliated with Dare 2 Dance, Inc & Express YOUR Worship Conference 2006.

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 #) \_\_\_\_\_