



**EXPRESS YOUR WORSHIP CONFERENCE  
BRADFORD 20-21 February 2009 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 (7 – 16 yrs)			
Group			
Individual			
CDF Member			
Director/Studio Owner			
Student*/Unemployed*			

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

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

\* Full-time students and Unemployed will be required to include a photocopy of their college ID card/NUS card or JSA40/UB40 with their advance registration).

**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: Stuart Royle, 7 Corrance Road, Wyke, Bradford, West Yorkshire BD12 9LH, United Kingdom.

Phone: +44 (0) 7910 651354 E-mail: daretodance@hotmail.co.uk

**Total Fees**

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



## EXPRESS YOUR WORSHIP CONFERENCE 2009 ~ 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 2009 – 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 2009.

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 2009 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 2009, 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 2009 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 2009 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 2009 related site or activity affiliated with Dare 2 Dance, Inc & Express YOUR Worship Conference 2009.

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