

Name \_\_\_\_\_ Birthday \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Studio Name/City/State \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Attending (circle): Los Angeles 7/31-8/1 Fort Lauderdale 8/7-8/8 New York 8/21-8/22

**Insurance:**

Insured's Name \_\_\_\_\_

Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Phone \_\_\_\_\_

I agree that the Dancer shall bring medications which the Dancer is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications. Cliché Cosmetics will not administer or supply any type of medication at event.

Medications (if any) \_\_\_\_\_

Allergic to (if any) \_\_\_\_\_

I acknowledge that the Dancer suffers from the following conditions \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Prices:**

**1** Day: \$119 more than 2 weeks before OR \$130 within 2 weeks  
(circle) Saturday OR Sunday

*Ticket prices will be raised to \$150 per day at the door and we cannot guarantee admission at that point.*

**2** Days: \$219 more than 2 weeks before OR \$230 within 2 weeks

**Payment:**

Pay by Check: Please make checks payable to Cliché Cosmetics. Check # \_\_\_\_\_

Pay by Credit Card: (Circle) Mastercard Visa American Express

Account # \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_

You can also sign up online at [www.THEsummerDanceSeries.com](http://www.THEsummerDanceSeries.com)

**Release and Waiver for Age 18 and Older**

**Liability Release.** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned (hereinafter "Dancer"), hereby agree to release and to hold harmless Cliché Cosmetics, the Hosting site, (ballroom) on whose premises the Event will occur (hereinafter the "Location") the affiliates of Cliché Cosmetics and the Location, and the respective directors, representatives, members, agents and employees of Cliché Cosmetics, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Dancer may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the Location for the Event whether or not the Event actually occurs. Dancer further expressly agrees to indemnify and hold harmless Releasees and Releasees' respective heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Dancer or by any other persons on the account of damages of any character resulting to Dancer in any way relating to any of the foregoing activities. Dancer further agrees to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

**Medical Release.** Dancer acknowledges and agrees that participation in the Event subjects Dancer to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that Dancer acknowledges that the Dancer is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, Dancer authorizes Cliché Cosmetics to obtain necessary medical treatment for the Dancer, and Dancer hereby releases and holds harmless Releasees in the exercise of such authority. Dancer further acknowledges and understands that Dancer will be responsible for any and all medical and related bills that may be incurred on behalf of the Dancer for any illness or injury that the Dancer may sustain during the Event and while traveling to and from the site for the Event, whether or not the Event actually occurs.

**Appearance Agreement.** Dancer understands that Cliché Cosmetics from time to time produces promotional material relating to its programs. Dancer understands that as a participant and/ or a spectator at the Event that Dancer may be included in videotapes and photographs taken during the Event. Therefore, without reservation or limitations, Dancer, hereby assigns, transfers and grants to Cliché Cosmetics, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape the Dancer and to utilize such videotapes and photographs and Dancer's name, face, likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. Dancer further understands that neither Cliché Cosmetics nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. Dancer waives any right to inspect or approve the copies of any promotional materials related thereto.

**Third Party Agreement.** Dancer understands that Cliché Cosmetics from time to time disclose Event participants' information to third parties who agree to the confidential nature of such information.

**Event Rules.** Please leave valuables at home. Cliché Cosmetics will not be responsible for lost or stolen items. Smoking at events is prohibited, and the use or possession of alcohol or other illegal substances is prohibited. Hazing of any type is prohibited. Cliché Cosmetics is not responsible for participants' supervision. Dancer further acknowledges and understands that Cliché Cosmetics has established rules and regulations pertaining to conduct, behavior and activities of all Event participants, by which Dancer agrees to abide during the Event and that Dancer will be responsible for his/her failure to abide by those rules and regulations. Dancer has received, read and understands the Event rules. Dancer understands that violation of the rules can result in dismissal from Event with no refund.

Dancer hereby warrants that Dancer has read this Participant Release and Waiver in its entirety and fully understands its contents. Dancer is aware that this Participant Release and Waiver releases Releasees from liability and contains an acknowledgement of Dancer's voluntary and knowing assumption of the risk of injury or illness. Dancer further acknowledges that nothing in this Participant Release and Waiver constitutes a guarantee that the Event will occur. Dancer has signed this document voluntarily and of Dancer's own free will.

\_\_\_\_\_  
Dancer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Dancer Name

Each participant must turn in a FULLY completed release form in order to participate. Send ALL completed forms WITH check or credit card number for full amount to: **Cliché Cosmetics PO Box 669364 Pompano Beach, FL 33066**, or fax to **413-382-6525**, or email to **Jessica@TheSummerDanceSeries.com**. Once your registration has been processed we will e-mail you a confirmation. Payments are nonrefundable and nontransferable.

### Release and Waiver for Under Age 18

**Liability Release.** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, as parent or guardian of the undersigned (hereinafter "Dancer"), hereby grant the permission necessary to allow Dancer to participate in the above Event to be conducted by Cliché Cosmetics. I, in my own behalf and on behalf of the Dancer, agree to release and to hold harmless Cliché Cosmetics, the Hosting site, (ballroom) on whose premises the Event will occur (hereinafter the "Location") the affiliates of Cliché Cosmetics and the Location, and the respective directors, representatives, members, agents and employees of Cliché Cosmetics, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Dancer may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the Location for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' respective heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Dancer or by any other persons on the account of damages of any character resulting to Dancer in any way relating to any of the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

**Medical Release.** I, in my own behalf and on behalf of the Dancer, acknowledges and agrees that participation in the Event subjects Dancer to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of the Dancer, acknowledge that the Dancer is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Cliché Cosmetics to obtain necessary medical treatment for the Dancer, and I, in my own behalf and on behalf of the Dancer, hereby release and hold harmless Releasees in the exercise of such authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Dancer for any illness or injury that the Dancer may sustain during the Event and while traveling to and from the site for the Event, whether or not the Event actually occurs.

**Appearance Agreement.** I understand that Cliché Cosmetics from time to time produces promotional material relating to its programs. I understand that as a participant and/ or a spectator at the Event that Dancer may be included in videotapes and photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Dancer, hereby assign, transfer and grant to Cliché Cosmetics, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape the Dancer and to utilize such videotapes and photographs and Dancer's name, face, likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understands that neither Cliché Cosmetics nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the Dancer, waive any right to inspect or approve the copies of any promotional materials related thereto.

**Third Party Agreement.** I understand that Cliché Cosmetics from time to time disclose Event participants' information to third parties who agree to the confidential nature of such information.

**Event Rules.** Please leave valuables at home. Cliché Cosmetics will not be responsible for lost or stolen items. Smoking at events is prohibited, and the use or possession of alcohol or other illegal substances is prohibited. Hazing of any type is prohibited. Cliché Cosmetics is not responsible for participants' supervision. I further acknowledge and understand that Cliché Cosmetics has established rules and regulations pertaining to conduct, behavior and activities of all Event participants, by which Dancer agrees to abide during the Event and that I will be responsible for his/her failure to abide by those rules and regulations. Dancer has received, read and understands the Event rules. I, in my own behalf and on behalf of the Dancer, understand that violation of the rules can result in dismissal from Event with no refund.

I, in my own behalf and on behalf of the Dancer hereby warrants that Dancer has read this Participant Release and Waiver in its entirety and fully understands its contents. I, in my own behalf and on behalf of the Dancer, am aware that this Participant Release and Waiver releases Releasees from liability and contains an acknowledgement of Dancer's voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Dancer, further acknowledge that nothing in this Participant Release and Waiver constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Dancer, has signed this document voluntarily and of my own free will.

\_\_\_\_\_  
Dancer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Dancer Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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