Due Date August 1, 2016

Calling all Ballroom Dancers, Professionals & Studios!

Our National Ballroom Week Celebration will take place in September. As part of our celebration we invite you to share your joy of dancing at our Eastwood Mall Dance Celebration. We are planning a day of dance presentations by amateurs and professionals plus general dancing in a public setting. We are confirmed at the Eastwood Mall where limited seating will be provided for spectators to sit, stop, watch and participate. The floor is ceramic tile and dance floor dimensions are usually 42 feet long and 24 feet wide. A limited number of performances times will be available and is on a first come basis. Pre-registration is required and due by Saturday, August 21, 2016 and your performance ready music is due by Sunday, September 1, why not bring both your music and registration to our August 21 dance?

Solo

- Up to 2 solo exhibitions, the same partner or two different partners
- Pro-Pro Couples are required to have students participating in the exhibitions
- Solo exhibitions should be ballroom, latin, rhythm, swing or hustle genres
- Lifts are permitted without restrictions
- Solo exhibitions should be kept to @ 2 minutes, or as close as phrasing permits (less than 2.5)

Formations

• We encourage groups and formations and performances are not limited

All dancers are required

- 1. Turn in Completed Dancer Registration Form by August 16, 2015 to
 - a. Susan Ryan 2514 East River Road Newton Falls OH 44444 (susanaryan2@aol.com/330-565-0726)
 - b. Stephen Barba (barbasteve@aol.com)
- 2. Must sign the liability waiver Dancing will be at your own risk
- 3. Provide "Performance Ready" music on CD to Stephen Barba (barbasteve@aol.com/330-565-0726) no later than
- 4. September 1 ("Performance Ready" music is at the desired speed and length)
- 5. CD's must be labeled with performers names and genre
- 6. Appropriate Dress Attire. We recommend everyone to practice in this attire to avoid any costume malfunctions.

I do hope you appreciate our USA Dance Volunteers, they continue to do everything possible to accommodate your dance needs and requests. This has always been an exciting event for all and we look forward to your support and to a great event promoting Ballroom Dancing.

Sincerely,

Susan Ryan

President, USA Dance Youngstown Warren Chapter #2015



DANCER REGISTRATION FORM

Due Date August 1, 2016

Every Performer must complete and sign both sides of registration form

Dancer				
Last Name	First N	lame	☐ Amateur	
Phone Number	E-Mail Address		☐ Professional	
Those Number		an Hun cos	Trofessional	
Solo 1				
Solo 1 Partner Name	Dance Genre/Style:	Song:	☐ Amateur	
			☐ Professional	
Studio/Club Affiliation(if any)	Special Requests(if any)		Level	
			□.Bronze	
			☐ Silver	
			□.Gold	
			☐ Open	
Solo 2				
Solo 2 Partner Name	Dance Genre/Style:	Song:	☐ Amateur	
			☐ Professional	
Studio/Club Affiliation(if any)	Special Requests(if any)		Level	
			□.Bronze	
			☐ Silver	
			□.Gold	
			☐ Open	
		oup Performances		
Formation Group Performance #1				
Group 1 Name Studio/Club Affiliation(if any) Group Leader				
Group Leader Phone Number	E-Mail Address			
			0 10 10	
Dance Genre/Style:	Song:		Special Requests(if any)	
Formation Group Performance #2				
Group 2 Name				
Studio/Club Affiliation(if any)	Group Leader			
Group Leader Phone Number	E-Mail Address			
Dance Genre/Style:	Song:		Special Requests(if any)	
Formation Group Performance #3				
Group 1 Name Studio/Club Affiliation(if any)	Group Leader			
Group Leader Phone Number	E-Mail Address			
-				
Dance Genre/Style:	Song:		Special Requests(if any)	

Due Date August 1, 2016

ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM

I understand that USA DANCE and Marion Plaza, Inc. are providing me with the opportunity to participate in the following activity: <u>National Ballroom Week Dance Demonstrations</u>.

In consideration for being allowed to participate in the Activity, I knowingly and voluntarily:

Acknowledge and understand that my participation in the Activity is entirely voluntary: Acknowledge that there are risks and hazards which may arise from participation in this (serious and or minor) loss of life, and or loss of property:

Acknowledge that USA Dance and Marion Plaza, Inc. are not legally responsible for my Personal safety or the safety of my property during the Activity.

Acknowledge that I have (1) had a physical examination and have been given my physician's permission to participate or (i) I have decided to participate or (i) I have decided to participate in Activity without the approval of my physician:

On behalf of myself and my heirs and assigns, I knowingly and voluntarily agree and assume all risks associated with this Activity and release USA Dance and Marion Plaza, Inc., it's trustee's, officers, employee's and agents from any and all responsibility or liability for personal injury, emotional injury, death, property loss or property damage sustained by me during or because of executors, predecessors, successors, agents heirs and assigns to release and hold harmless emotional. injury, death, property loss or property damage arising directly or indirectly from my participation in the Activity to the fullest extent permitted under law, including allegations or claims of negligence on the part of USA Dance and Marion Plaza, Inc., provided, however, this form does not apply to acts of gross negligence, willful or wanton conduct, or intentional conduct.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS FORM I WILL WAIVE AND FOREVER RELINQUISH ANY AND ALL CLAIMS THAT I MAY HAVE. WHETHER KNOWN OR UNKNOWN, AND WHETHER ANTICIPATED OR UNANTICIPATED, AGAINST USA DANCE AND MARION PLAZA, INC. ARISING OUT OF MY PARTICIPATION IN THE ACTIVITY.

I understand and agree that if I am signing this form on behalf of my minor child, that (i) I will be giving up the same rights for the minor as I would *be* giving up if I signed this document on my own behalf, and (ii) I personally represent and warrant that I am authorized to sign the form on behalf of the minor.

Signature:	Date Signed:
Dancers Name (Printed)	
Parent/Legal Guardian	
(it under 18)Signature	Date Signed:
Parent/Legal Guardian Name (Printed)	