

# HEAVEN MEETS EARTH Worship Dance Conference Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, OH \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

- Yes I would like to be on Fueled & Aflame's Mailing List. We send email and postal mail. We do not sell your information to anyone!
- Yes I would like to know more about Fueled & Aflame Dance Studio classes.
- Yes I would like to know more about auditioning for Fueled & Aflame Dance Ministries' performing companies. We have both youth and adult companies open to ages 9 and up.

- |                          |   |                            |                          |
|--------------------------|---|----------------------------|--------------------------|
| <input type="checkbox"/> | SESSION #1 ONLY - \$10  | Female                     | <input type="checkbox"/> |
| <input type="checkbox"/> | SESSION #2 ONLY - \$20  | Male                       | <input type="checkbox"/> |
| <input type="checkbox"/> | SESSION #3 ONLY - \$15  | Age                        | <input type="checkbox"/> |
| <input type="checkbox"/> | ALL 3 SESSIONS - \$40   | Eventbrite<br>Registration | <input type="checkbox"/> |
| <input type="checkbox"/> | \$_____ Registration Fee paid in person/online<br><i>(circle one)</i> |                            |                          |

Payment Method: CASH | CHECK | CREDIT CARD  
*(circle one)*

## Liability Waiver

I realize that participation in dance classes, workshop and conference activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I (the participant or parent/guardian) assume all risks related to the use of any and all spaces used by Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc.

I agree to release and hold harmless Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc. including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I will not hold Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc. liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes, workshops, or conference activities. Furthermore, I agree to obey the class and facility rules and take full responsibility for my behavior in addition to any damage I may cause to the facilities utilized by Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc.

I understand that Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc. are licensed and insured organizations. In the event that I should observe any unsafe conduct or conditions before, during or after my/our classes, I agree to report the unsafe conduct or conditions to the Studio Director, Artistic Director, instructor or staff member as soon as possible.

*Please Initial*

## Medical Release

I realize that participation in dance classes, workshop, and conference activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I (the participant or parent/guardian) assume all risks related to the use of any and all spaces used by Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc.

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I understand that Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc. are licensed and insured organizations. In the event that I should observe any unsafe conduct or conditions before, during or after my/our classes, I agree to report the unsafe conduct or conditions to the Studio Director, Artistic Director, instructor or staff member as soon as possible.

*Please Initial*

## Video Waiver

I give my consent for images (photo, video) to be taken of myself or my dependent and used to document the activities of Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc. I grant Fueled & Aflame Dance Studio, LLC and Fueled & Aflame Dance Company Inc. permission to use the images for educational and promotional purposes. I understand that if I do not want images of myself or my dependent to be used, I will indicate this in writing and the signed letter will be attached to this document.

*Please Initial*

Participant's Name \_\_\_\_\_

Participant's Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Participant's Signature *(if over 18)* \_\_\_\_\_

Date Signed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

