



Info (941) 704 7613 Fax 941 556 9077

sarasotachallenge@gmail.com

www.sarasotachallenge.com

RELEASE FORM

All spectators, competitors, officials, and guests who attend this competition are subject to the official rules set out by Sarasota Challenge and the National Dance Council of America, Inc. and by participating in this event automatically become obligated to adhere to them.

No responsibility for loss or theft of articles left in changing rooms, ballrooms, or hotel rooms can be accepted by the Organizers or by the National Dance Council of America, Inc. Neither can they be held liable for injury sustained by persons attending this event. Everyone attending does so at his or her own risk. I release Sarasota Challenge organizers from all claims regarding illness or accidents while attending the event. Any student, professional, studio owner or spectator making a claim, dispute, or nonpayment Sarasota Challenge organizers to hire legal counsel shall be held solely liable and responsible for the cost of said council and any and all associated fees arising thereof.

No videotaping or filming will be allowed. A professional video company will be present at the competition to video your performance. Everyone who attends the Sarasota Challenge has by doing so consented to the use and release of any video, pictures or names in connection with the promotion of Sarasota Challenge. Any participant having an objection to being taped or to the possibility of being seen on television or videotape should notify Sarasota Challenge organizers thirty days prior to the competition.

PLEASE CONTACT THE SARASOTA CHALLENGE ORGANIZERS' OFFICE, SHOULD YOU HAVE ANY QUESTIONS.

Tel: 941 704 7613

Fax: 941 556 9077

E-Mail: sarasotachallenge@gmail.com

PLEASE MAKE CHECKS PAYABLE TO

EXCITING DANCE LLC.

SARASOTA CHALLENGE PO Box 1674, Sarasota FL 34230 - 1674, USA

Name and Signature	Name and Signature

CREDIT CARD INFORMATION: (Service 4% charge will be added)

Type _____

Expiration Date _____

Credit Card Number _____

Amt. To Charge: \$ _____

Name on Credit Card _____

3 Digit # on Signature Line or 4 for AmEX _____

Billing Address _____

City _____

Signature _____

ST. _____ Zip. _____