INDIANA STATE DANCE CHAMPIONSHIPS

Studio Information & Waiver of Liability

Entry Deadline: Saturday, January 28th

This waiver must be completed and signed by a parent/guardian of all participants and should accompany your studio entry forms. Student signature is allowed if over eighteen years of age.

Studio Name: _____**Studio Phone:** (____) _____

Address: _____

City: _____**State**: _____**Zip**:_____

Studio Owner/Director: _____

Contact Name ***(if other than or in addition to director)*****:** _____

Studio/Contact E-mail Address: _____

PARTICIPANT WAIVER OF LIABILITY

I understand the rules governing this competition and agree to comply with them. The information I have supplied is complete and accurate. I will not hold The Indiana State Dance Championships, its director, employees or the host facility liable for any injuries or loss resulting from my child's participation in this event.

Participant	Date of Birth	Parent/Guardian Signature

Continue on reverse if necessary

Participant	**Date of Birth**	**Parent/Guardian Signature**

Return entries, info and waiver form; and mail payment in the form of one studio check to:

The Indiana State Dance Championships or "ISDC"
7210 Madison Ave. Ste. A-C Indianapolis, IN 46227
Phone: (317) 783-2510
Fax: (317) 781-0092
E-mail: ISDC@thedancecompanyindy.com