

## STUDENT MASTER LIST & PARENT/GUARDIAN WAIVER

Please print each performer's name, age, and DOB in alphabetical order, along with parent/guardian signature. If necessary, please make copies of this form for additional names. Please print clearly so that all names are correct in the program! Entries are not valid until all forms and fees are received.

**Studio Name:** \_\_\_\_\_

**Entry Location:** \_\_\_\_\_

Name	Age	DOB	Parent/Guardian Signature
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Parents/Guardians: by signing above, we hereby release the directors and employees of Spirit of Dance Awards, LLC for any and all claims for damages or injuries, which may be sustained while participating in any activity connected with this competition. All participants also release the rights to the use of their photos and/or videos by Spirit of Dance Awards, LLC, for promotional purposes only.