

WAIVER Each participant & parent/legal guardian **MUST** read and sign:

- As a participant in the Dance-A-Thon, I for myself, my executor, administrators, and assigns, do hereby release and discharge "Change" for Cancer, Burrell Drama Parent Boosters, Burrell High School, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating business and organizations from all claims of damages, demands, actions, and cause whatsoever, in any manner arising or growing out of my participation or that of my child in this event.
- I am fully responsible for any of my personal belongings/valuables brought to the event.
- I give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.
- I give my full permission for the use of my name and photograph in this event.
- As parent/legal guardian, I agree to transport my child, or authorize transportation by another parent/legal guardian, to and from event and that I understand that my child will have to be checked in/checked out by myself or grant permission to another parent/legal guardian to do so.
- As participant or parent/legal guardian, I understand that this is event is a lock-in and I or my child cannot leave the facility during the event, unless an emergency situation would arise and at that time, approval by parent/legal guardian and event staff would be required.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

ADDITIONAL INFORMATION:

Team Name: _____

Participant Names: 1. _____ 2. _____
3. _____ 4. _____

Participant Name: _____ Phone: _____
Email: _____

Parent/Legal Guardian Name: _____ Phone: _____
Email: _____

Emergency Contact: Name: _____ Phone: _____

Parent/Legal Guardian dropping off participant: _____ Cell: _____

Parent/Legal Guardian picking up participant: _____ Cell: _____

Please list any allergies, dietary restrictions, and medications that must be taken during event or any other health concerns we need to know about: _____

I am a Cancer Survivor: Yes No I wish to be recognized/announced at event: Yes No

My song request to be played at event: Artist _____ Song Name _____

*Please send all 4 waivers, entry fee & Team Sponsor lists to "Change for Cancer" 157 Clinton Ave. Lower Burrell, PA. 15068
Checks/M.O. made payable to "Change for Cancer". Cash is accepted, but recommended to be dropped off at address and not sent through mail.