

Contestant Registration Form

Arabesque Belly Dancing Competition

Produced by:

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Note to contestants:

- You must print this form, fill it in, and mail it to us along with a copy of your payment. Mail to the above address. **(Do not send to Venue address.)**
- If this is for a troupe: Each member must complete a separate copy of this form. One troupe member will pay for the whole troupe, and will mail all signed forms together. This same troupe member will be the contact person for the troupe.
- If you are a troupe member, but are also competing as a soloist, you must complete a separate copy of this form for your solo category.
- **Multiple registration bonuses:** If you have registered for more than one category, you will receive one or more of our free gifts when you check in at the event. (See the "Competition Registration" page for details.)

I have read the rules pertaining to this event and I agree to observe them. I'd like to register to compete in the following categories. I have already made my payment online, a copy of which is enclosed.

Category 1: _____ I am ___ (I am not ___) a member of a troupe.
Category 2: _____ Troupe name: _____
Category 3: _____ Website: _____
Category 4: _____
Name (Full): _____ Stage name: _____
Address: _____ Telephone: _____
_____ Email: _____

I hereby release and discharge **Tee Rose Productions** and/or **The operators of the Venue**, and their staff, officers, directors, agents, and volunteers, from any and all liability arising from, related to, or connected with, any damage, injury, illness, disability, or death caused by, or sustained in the course of participation in activities conducted by, or associated with, the **Arabesque Belly Dancing Competition**. I am aware that participating in such events can result in injuries. I am voluntarily participating in this activity with the knowledge of the danger involved and I hereby agree to accept any and all risks of injury. I hereby attest that this Waiver of Liability is provided voluntarily upon submission of this form and shall be fully binding upon the undersigned, my heirs, next of kin, executor, administrator, and/or personal representative. I have carefully read this agreement and fully understand its contents.

I hereby give my permission to **Tee Rose Productions** to use video and still images of my performances at this event for promotional and commercial purposes.

Signature: _____ Date: _____

Name and Signature: _____ Date: _____

(Parent or legal guardian, if a minor.)

Dear contestant: If, for any reason, one of the above categories is cancelled, what would you like to do?

___ I'd like to compete in the following category instead:

1st choice: _____

2nd choice: _____

___ I'd like to receive a refund. (We will refund your fee for the cancelled category through PayPal, and will notify you.)