

# Yellow Rose of Texas Line Dance Extravaganza



**Registration Form (Registration Deadline: January 31, 2022)**

Friday Evening Party (TBA) Saturday February 26, 2022, 10:00 AM Registration & Open Dancing (10:00 AM – Lunch - 4:00 PM) – Extravaganza. (6:00 PM – 8:00 PM) – Open Dancing

**Location: New Braunfels Civic/Convention Center, 375 S. Castell Ave. New Braunfels, TX 78130**

<b>Registration +Lunch \$40.00*</b> (Choose one): (Choose one):	<input type="checkbox"/> Roasted Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie Wrap <input type="checkbox"/> Coke <input type="checkbox"/> Diet coke <input type="checkbox"/> Water	\$ _____
<b>T-Shirt \$28.00ea*</b> Qty: _____	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	\$ _____
<b>Enter Total:</b>		\$ _____

**Mail check or money order payable to:** Lark Small, 4055 Village Dr, Apt 3205, Pearland, TX 77581

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you a teacher?  Yes – Optional, Your Teacher’s Name: \_\_\_\_\_

## ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

**I PRINT NAME HERE:** \_\_\_\_\_

(hereafter referred to as “Participant”, freely and voluntarily seek to participate in line dance events and/or other activities sanctioned, produced, or

sponsored by Britt Beresik, Elsa Campbell, Cassandra Jones, Michelle Schroeder and Gordon Small, the sponsors of The Yellow Rose of Texas Line Dancers, hereafter referred to as “the Sponsors” at any time and at any location. These activities, programs, and events will hereafter be referred to as “the Activities”.

In consideration of The Yellow Rose of Texas Line Dancers allowing Participant to participate in the Activities, now and in the future, Participant agrees as follows:

- Acknowledgement of Inherent Risks of Line Dancing and Other Activities/Assumption of Risks:** Participant acknowledges that there are numerous inherent risks of line dancing Activities, whether preparing for, entering, attending, participating in, or leaving the Event. Inherent risks include tripping, falling and other risks. Participant is not relying on The Yellow Rose of Texas Line Dancers to list within this document all possible inherent risks or all risks of participating in any of the Activities at any location.
- Waiver and Release of Liability:** With full knowledge and appreciation of these and other inherent risks associated with the Activities, Participant freely and voluntarily assumes the risks of line dancing and other Activities involved in any aspect of any program or event. In this connection, Participant also voluntarily agrees to waive any and all rights to sue and hereby release The Sponsors of The Yellow Rose of Texas Line Dancers, their volunteers, any person(s) assigned by the Sponsor(s) to perform tasks at an event function, the New Braunfels Civic/Convention Center at 375 S Castell Ave New Braunfels TX 78130, their employees, agents and representatives from all liability, loss, claims, or actions for injury, death, expenses, or damage to person or property resulting from the inherent risk of the event, or resulting from any action or inaction by the Sponsors of The Yellow Rose of Texas Line Dancers. This waiver and release is effective even if the injury, death, or damage to person or property is caused by, contributed to by, actions or failure to act of the Sponsors of The Yellow Rose of Texas Line Dancers and which actions or inactions constitute ordinary negligence or a violation of any applicable law pertaining to Activity liabilities.
- Physical/Medical Limitations:** Participant acknowledges that they are physically prepared and trained to participate in Activities and Participant agrees that they have no medical condition that would prevent them from participating in the Activities.
- In Case of Emergency:** If incapacitated Participant agrees to medical treatment and if necessary, to be transported to the nearest hospital. The cost of transportation and any medical treatment will be the responsibility of the Participant.

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- Media:** Participant gives permission for images and voices captured during event Activities through video, photo and digital camera to be used for the purpose of publications and waive any rights of compensation or ownership thereto.
- Miscellaneous:** This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, I UNDERSTAND THAT IT IS A RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION AND I AGREE TO BE FULLY BOUND BY ITS TERMS.

**\*NO REFUNDS - Also, there will be a \$35 fee for returned checks**

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_