

Six Flags Great Adventure Dancefest 2009 Registration Guidelines & Medical Release Forms



This event is open to all dance groups and all age groups

NEW - Time slots are given on a first order first serve basis. Your group will be scheduled based on when your full ticket order was received. A full schedule will be available one week prior to your performance day.

All orders postmarked after the deadline will be up-charged \$2.00 + tax per ticket, no comps will be issued and your order will be available at the Guest Relations building for pick up on your performance day.

It is our goal to run on time every day, however, time slots are not guaranteed.

DO NOT MAIL MEDICAL RELEASE FORMS. They must be brought to Showcase Theater for check in on your performance day.

Six Flags Great Adventure Medical & Liability Release Form

Please copy and complete for each participant
Please print clearly

Participants Name: _____

Dance School/Troupe Name: _____

1. I understand that by taking part in this performance or any performance, there is a possibility of injury or sickness to me/my minor child; therefore, I give permission for me/my minor child to participate in Dancefest at Six Flags Great Adventure in Jackson, NJ, and do hereby grant permission to Six Flags Great Adventure medical staff and hospital staff members to administer immediate treatment to me/my minor child should I/she/he be injured.

2. I also agree to hold harmless Six Flags Great Adventure, Six Flags Inc., its officers and agents for any injury or loss of life, incurred as a result of my/my minor child's participation in Dancefest.

Participant or Minor Parents Name:

Print: _____ Sign: _____

Address: _____

Home Phone: _____ Business Phone: _____

Insurance Co: _____

Any Medicines Allergic to: _____

Family Doctor: _____ Doctors Phone: _____