



Dancefest

2012 Registration Information, Medical and Publicity Release Form

- This event is open to all dance schools and all age groups.
- A \$50.00 non-refundable deposit is required to hold your time slot. The money will be applied to your ticket order.
- You will be scheduled for the date of your choice. We will schedule your performance as close to your requested time as possible.
- Time slots begin at 12:00 p.m. each day (subject to change).
- All orders postmarked after the deadline will be charged an additional \$2.00 per ticket, will not receive the complimentary tickets and will need to pick up their tickets at the Guest Relations building at the Main Gate.
- Time slots are not guaranteed.

DO NOT MAIL YOUR MEDICAL RELEASE FORMS. Please bring them with you on the day of your performance.

SIX FLAGS GREAT ADVENTURE: *Please copy this form for EACH participant.*

MEDICAL AND PUBLICITY RELEASE FORM

(Please print clearly)

Participants Name: _____

School/Group Name: _____

1. Medical Release

- I understand that by taking part in this 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.
- I also agree to hold harmless Six Flags Great Adventure, Six Flags Ent. its officers and agents for any injury or loss of life, incurred as a result of me/my minor child's participation in DanceFest.

2. Publicity Release

- I except where prohibited by law, I hereby irrevocably grant to Six Flags Great Adventure and its parent companies, successors and assigns, the absolute right and permission to use my name, photograph, video, hometown and state for promotional purposes in any manner or media whether now existing or hereafter created (including, without limitation, in publications and online), worldwide, in perpetuity, without notice to me and without limitation, condition, consideration, consent or compensation. I shall have no right of approval, no claim to any compensation, and no claim arising out of the use, alteration, distortion or illusionary effect or use in any composite form of any of the foregoing attributes of my identity.

Participants/Parents Name: _____

Print: _____ Sign: _____

Address: _____

Home Phone: _____ Business Phone: _____

Insurance Co.: _____

Any Medication Allergies: _____

Family Doctor: _____ Doctors Phone: _____