



Celebrating Unity in Diversity Thru Dance

Central Valley Dance Festival 2009

Expose the Community to the Diversity of Dance

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Questions:

Cris Howell (Executive Director) by e-mail at centralvalleydance@yahoo.com or
George Haley (Director) by e-mail at george.centralvalleydance@yahoo.com

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HOW MANY PERFORMERS IN YOUR GROUP? _____

(If there are more than 16 performers per number, please contact producer)

NAMES OF DANCERS / PERFORMERS:

	NAME	PHONE NO.	E-MAIL ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____

REGISTRATION FEES: **CASH** _____ **CHECK#** _____
 \$10.00 non-refundable fee to register **per person:**

DISCOUNTED ADVERTISING FEES:
 This is specially priced and allows participants to advertise their classes, schools and workshops. We suggest that Participants either offer one free class or a discount for their classes.

\$15.00 for advertisements: **CASH** _____ **CHECK#** _____

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SUBMITTAL REQUIREMENTS – CHECKLIST

SUBMIT SIGNED WAIVER FORM PER PARTICIPANT:

NAMES OF DANCERS / PERFORMERS

WAIVER SIGNED
(please check)

		Yes	No
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>

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SUBMITTAL REQUIREMENTS – CHECKLIST

SUBMIT MUSIC:

(must be on cd)

Yes No

FIRST NO.

SECOND NO.

DANCE STYLE: _____

DANCE STYLE: _____

SONG TITLE:
(recorded music) _____

SONG TITLE:
(recorded music) _____

ARTIST NAME: _____

ARTIST NAME: _____

DURATION: _____

DURATION: _____

TRACK NO. _____

TRACK NO. _____

SUBMIT BIO, PHOTOS, AND CHANGES TO PARTICIPANTS:

- Member or Group Biography (Microsoft Word format – bio 150 words or less per group)
- Photograph (jpg format – 3"x5" 300 dot per inch (dpi), color preferred)
- Director Information

LIVE MUSIC:

Yes No

- Microphones _____
- # of Musicians _____
- Musical Instruments _____
- Singers _____

Drop off location:

(Deadline 10/1/2009)

(music/photo/additional participants)

George Haley
2550 Mariposa Mall
Fresno, California 93726
(559) 240-4068 Cell
(559) 444-2533 Office

M - F 1:00p.m. – 5:00p.m.

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LIABILITY INSURANCE WAIVER FORM

Last Name: _____

First Name: _____

Email Address: _____

Phone Number: _____ Cell Number: _____

Address: _____

City: _____ State: _____

Zip: _____

In case of emergency, contact _____

Relation to participant _____

Emergency Phone Number _____

I realize that no medical insurance is provided for by **Cristina Mendoza-Howell** at the Central Valley Dance Conference 2009, which is held on November 7th, 2009 at the **Fresno Memorial Auditorium** located at **2425 Fresno Street, Fresno, CA 93727** and agree to assume the risk for any injury related to my participation or the participation of my dependent (children under 18 years of age).

I do hereby release and forever discharge:

- 1. Cristina Mendoza-Howell** her staff, employees (if applicable) and volunteers; and
- 2. Fresno City Parks and Recreation**, their staff, employees and volunteers

from any and all claim, demands, causes of actions, suits, damages, costs and expenses for any and all personal injuries, loss of time, pain and suffering or property damage arising out of or occurring in connection with my participation in the scheduled event.

I am physically able (or my dependent is physically able) to participate in this activity. I consent to any medical treatment I or my dependent needs while involved in this activity and I agree to pay for it.

I have read and fully understand this document, including the fact that I am releasing and waiving certain potential rights held by me and voluntarily and freely agree to the terms and conditions set forth and I have the authority to sign on behalf of myself and/or my dependent.

Signature of Participant _____
(Parent/Guardian if participant is under 18)

Name of Group if applicable: _____

Group Director: _____

Today's Date: _____

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PHOTO AND VIDEO RELEASE FORM

I hereby assign and grant to Cristina Mendoza-Howell all my rights related to, and permission to use and publish, any photographs, films, video tapes, electronic representations, including website entries, written materials and or sound recordings provided by me or taken of me at the Central Valley Dance Festival 2009 event or related activities. I hereby forever release and hold harmless Cristina Mendoza-Howell from all claims, demand, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby authorize the alteration, edition, reproduction, sale, copyright; exhibit, broadcast, electronic storage and/or distribution of such photographs, films, video tapes, electronic representations, including website entries, written materials and sound recordings provided by me or taken of me for purposes of publicizing the Central Valley Dance Festival and/or at the discretion of Cristina Mendoza-Howell.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I understand that I will not receive any payment, right to royalties or other compensation arising or related to the use of these materials and I specifically waive any right or claim I may have with respect to any of the foregoing.

I understand that these photographs, films, video tapes, electronic representations, written materials and or sound recordings will become the property of Cristina Mendoza-Howell and may be used to promote Central Valley Dance Festival now or at any time in the future, forever and throughout the world in any manner and/ or medium including, without limitation in the advertisement and promotion of the Central Valley Dance Festival and its productions and services.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

NAME: _____ Date: _____
 SIGNATURE: _____
 ADDRESS: _____
 City / State: _____ Zip Code: _____
 Phone No: _____

If the person is under age 21, there must be consent by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of _____,
 named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

NAME: _____ Date: _____
 SIGNATURE: _____
 ADDRESS: _____
 City / State: _____ Zip Code: _____
 Phone No: _____

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IMPORTANT DATES

- | | | |
|----|---|---|
| 1. | Registration Deadline | 06/05/2009 |
| 2. | Deadline for Submittal
(music/photo/additional participants) | 10/01/2009 |
| 3. | Final Program Printout | 10/15/2009 |
| 4. | Show Date | 11/07/2009 |
| | Theme: Welcome to Dance | Matinee Show
2:00 – 4:00p.m. |
| | Theme: Celebrate Dance | Evening Show
7:00 – 9:00p.m. |

Mail Registration Forms to:
(Deadline 06/05/2009)

Central Valley Dance
5828 E. Erin Avenue
Fresno, California 93727

FINAL drop off location:
(Deadline 10/01/2009)
(music/photo/additional participants)

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2550 Mariposa Mall
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