

Superstars
February 14-18, 2018
Release Form

All spectators, competitors, officials, and guests who attend this competition are subject to the official rules set out by Superstars Dancesport Championships and the National Dance Council of America, Inc. and by participating in this event automatically become obligated to adhere to them.

No responsibility for loss or theft of articles left in changing rooms, ballrooms, or hotel rooms can be accepted by the Organizers or by the National Dance Council of America, Inc. Neither can they be held liable for injury sustained by persons attending this event. Everyone attending does so at his or her own risk. I release Jam With Me Productions from all claims regarding illness or accidents while attending Superstars. Any student, professional, studio owner or spectator making a claim, dispute, or nonpayment requiring Jam with Me Productions to hire legal counsel shall be held solely liable and responsible for the cost of said counsel and any and all associated fees arising thereof.

No video taping or filming will be allowed. A professional video company will be present at the competition to video your performance. Everyone who attends Superstars has by doing so consented to the use and release of any video, pictures or names in connection with the promotion of Superstars Dancesport competitions. Any participant having an objection to being taped or to the possibility of being seen on television or videotape should notify Superstars Dancesport Championships thirty days prior to the competition.

Please contact the Superstars office should you have any questions. Tel:863-413-1655; Fax 863-688-3012; E-Mail emmaoswald@aol.com. Website www.flsuperstars.com. Please make checks payable to Superstars Dancesport.

Please sign and return:
 Superstars Dancesport
 613 Palencia Place
 Lakeland, Florida 33803

Name	Name

Credit Card Information: (A Service Charge of 3% will be added to all credit card purchases above \$1000.)

Type _____ Credit Card Number _____

Name on Credit Card: _____ Billing Address: _____

City _____ ST _____ Zip _____ Expiration Date: _____ Amt. To Charge:\$ _____

3 Digit # on Signature Line or 4 for AmEX _____ Signature _____