

THEE Liturgical DANCE CONFERENCE

ALL Delegates

will need to sign this document on the day of the event before attending any sessions

PERMISSION WAIVER/ ALLERGY FORM

All delegates/persons participating in the activities of Thee Liturgical Dance Conference (TLDC) deem to waive all claims against Dancers Array 'N' Christian Evangelism Dance Company Ministries, United Choreographers of Liturgical Movement, Sandra J Shackelford, its staff and Citizen of Zion Missionary Baptist Church, Pastor Bobby L. Newman and it's staff for injury, accidents, illness or death occurring during conference.

I do hereby give permission for (my child/self) to participate in the **Intensive Dance Workshop**. I agree to instruct my child to cooperate and confirm to the directions given by the staff of TLDC.

_____ I authorize those in charge to obtain medical Dancers Name (Please Print) attention in case of emergency and make necessary for well – being of the (child/ individual), provide permission to obtain a physician and/or medical facility selected by Dancers Array 'N' Christian Evangelism Dance Company Ministries and/or Citizen of Zion Missionary Baptist Church staff. I also understand that such cost incurred for treatment shall be my responsibility.

As the parent/guardian of (my child) _____, I recognize that he/she has allergies please list below: (If not, please write None.)

In the case of server allergies to mild medical condition due to food intake or exposure in the environment causing an allergic reaction, I the parent take full responsibilities for the health and welfare of my child. I will not hold Thee Liturgical Dance Conference, The United Choreographers of Liturgical Movement, Sandra J. Shackelford, its staff and Citizens of Zion Missionary Baptist Church liable.

I have read and understand the information provided and hereby give permission to partake in TLDC.

Dancer/Parent/Guardian Signature Date