



Dancer Summary Form

Please fill-out the names, ages, and birth dates for all participating dancers in your studio. If you require additional space, please photocopy this page. If you have your own software to generate the list of all your participating dancers, then please copy the release statement at the bottom and paste it into your own format. Please sign the release below.

Names	Ages	Birth Dates
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Students and Teachers of _____ (studio name) entering Northern Stars Dance Competition give their permission and consent to the directors of Northern Stars Dance Competition to use their images (photographs/videos etc.) for advertising, news coverage or any other commercial use of our events. Any performer competing in a dance competition takes certain risks. These include but are not limited to sprains, bruises, strained muscles and broken bones. Participation in this competition indicates acceptance of such risks by dancers, teachers, parents and relatives. Therefore by signing below you agree not to hold Northern Stars Dance Competition or any of its directors, officials, staff or employees responsible for injuries, illnesses, or damages sustained while participating in any activity related to a Northern Stars Event.

Signature of Teacher/Director Representing Studio