

## 2019 Dallas Twirling Clinic Saturday, November 9, 2019 9am – 1pm Dallas, Texas

Don't miss the opportunity to learn from former NBTA & USTA World and National Baton Twirling Champions!

Each attendee will have the opportunity to learn <u>rolls</u>, <u>feature tricks</u> and <u>acrobatic elements</u> used in twirling. Novice twirlers will learn new <u>twirling technique tricks</u>, and beginner – advanced twirlers will learn <u>multi-baton</u>.

Twirler Age		Date of Birt	:h	
Parent Name				
City				
Phone	Em	ail		
Baton Coach				
	Em			
Гwirling Level (р	lease circle one)			
Novice	Beginner	Intermediate	Advanced	

Twirler Name \_\_\_\_\_

\$80 per attendee Cashier's Checks or Money Orders only, please. Diamond Productions P.O. Box 140924 Dallas, TX 75214-0924 Deadline is November 1, 2019

Questions? Please contact Miss Shirley at 214.364.9272 Hotel Information Email: texastouchofclass@gmail.com



## Participant's Liability Release Form

The Parental Release of Liability form must be signed by the parent or legal guardian of each participant under the age of 18 years and received by the Texas Touch of Class office by the date of the clinic. If the contestant is over the age of 18 years the participant must sign the Participant's Release of Liability form.

## Parental Release of Liability

I (We) represent that I (we) are the parent(s) or legal guardian(s) of the participant, minor under the age of 18 years, and in order to induce you to accept the participant's registration, have accepted this document on behalf of said minor and ourselves individually and jointly, and agree to be bound by all of the terms and conditions of this liability release, in the same manner as if we were the participant.

Each of us hereby, individually and jointly, releases Texas Touch of Class, Sheila Payne Rigelsky, Shirley Payne, its officers, agents and/or employees, and all personnel connected with the clinic from any and all liabilities, damages or injuries suffered for going to/returning from, and participating in any related activities. I understand that my child's participation is entirely by my own choice and with the understanding of risk of accidental injury involved in any activity involving unusual motion or height. With the acceptance of this form, the undersigned hereby agrees to indemnify and hold harmless Texas Touch of Class, Sheila Payne Rigelsky, Shirley Payne, its officers, agents and/or employees, and all personnel connected with the clinic from any liability in connection with the Texas Touch of Class Dallas Twirling Clinic.

Participant's Name:		
Signed:	Date:	
Parent or Legal Guardia	an	
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	Participa	ant's Release of Liability
agree to be bound by a Class, Sheila Payne Rig with the clinic from a participating in any relative understanding of risigning this form, I agree Payne, its officers, age	all of the terms and condigetsky, Shirley Payne, its any and all liabilities, cated activities. I understak of accidental injury in the to indemnify and hold	or older, and in order to induce you to accept my registration, itions of this liability release. I hereby release Texas Touch of sofficers, agents and/or employees, and all personnel connected amages or injuries suffered for going to/returning from, and and that my participation is entirely by my own choice and with avolved in any activity involving unusual motion or height. By harmless Texas Touch of Class, Sheila Payne Rigelsky, Shirley all personnel connected with the clinic from any liability in s Twirling Clinic.
Signed:	Date:	_
Participant		