



DANCING FOR A CAUSE

Cade's Cancer De-FEET-ors

♀ "No One Fights Alone"

Cade is a local 3 year old little boy who was diagnosed with a malignant brain tumor. Cade has been proving his strength and perseverance as he conquers each obstacle and procedure.



Dancers, families, and friends are all invited to join getting on your feet to help IYDT in raising pledges for the Winters family.

Minimum total donation raised to participate is \$50.00.

Participant does not need to be present to donate.

September 22, 2018

7:00pm to 9:00pm

Illinois Dance Conservatory home of IYDT

1251 N. Old Rand Road

Wauconda, IL 60084

For additional information or obtain a pledge form
please call 847.438.4500 or email info@iydt.org



Dancing for a Cause Pledge Form | 2018

September 22, 2018

Illinois Dance Conservatory
1251 N. Rand Road
Wauconda, IL 60084

Participant Name: _____

- Flat fee pledges only
- Please make checks payable to IYDT
- Participant must raise minimum total donation of \$50.00
- Pledges must be turned in no later than the start of event September 22, 2018

YES, I will support the IYDT Dancing for a Cause Charity Event Cade's Cancer De-FEET-ors with the donation noted below.

Sponsor's Name	Email Address	Pledge Amount	Cash	Check

Funds raised will be distributed as follows: 50% to Cade's Cancer De-FEET-ors / 50% to IYDT

For additional information or obtain a pledge form please call 847.438.4500 or email info@iydt.org

Illinois Youth Dance Theatre (IYDT) is a 501(c3) non-profit dance company committed to the art of dance.



Please read carefully and be aware that in registering yourself or your minor child for participation in this event, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of this event.

Acknowledgement of Risks

I recognize and acknowledge that there are certain risks of physical injury to participants in this event and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with any such this event. I waive and relinquish all claims my child or I may have against *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre (IDC)* and its officers, agents, and employees as a result of participating in any this event. I hereby full release and discharge *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* and its officers, agents and employees from any and all claims from injuries, damage or loss which I or my child may have or which may occur to me or my child during the event. I further agree to indemnify and hold harmless and defend the *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* and its officers, agents and employees from any and all claims resulting from injuries, damage and losses sustained by me or by my child arising out, connected with, or in any way associated with the activities of any of the event.

Media Relations

By signing this agreement and release, I consent and give permission to *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre*, and those acting under its authority, to use the name or likeness of my child/children in newspaper articles, television and radio broadcasts, the *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* internet site www.ildanceconservatory.com and/or www.iydt.org as well as any other media in connection with activities undertaken under the auspices of *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre*

Additional Acknowledgements

I understand it is my child/children’s sole responsibility to safeguard personal property at *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre*. I will not hold *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* or any faculty member or employee responsible for loss or damage of personal property.

Medical Care

In an emergency situation, when parental permission is not available, I hereby grant and give my permission for a staff member at *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* to seek emergency medical treatment for my child/children. In my absence or inability to communicate with emergency and hospital personnel, I hereby grant *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* authority to release for the purposes of providing medical treatment, my child/children to the care of medical personnel or physicians as *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* determines as reasonably appropriate.

Release, Waiver of Liability and Indemnification Provisions

I have read and clearly understand the terms of this Agreement. I give my permission for my child/children to participate in all *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre* activities, including those described above.

The Agreement may not be unilaterally canceled or modified by the undersigned. Any cancellation or modification must be in writing and signed by the undersigned and by the appropriate principal of *Illinois Dance Conservatory and/or Illinois Youth Dance Theatre*. This Agreement is binding upon each of the undersigned and their family members and successors, heirs, estates, and personal representatives.

Signature of Participant: _____ Date: _____

Printed Name: _____

If Participant is a Minor:

Signature of Parent/Guardian: _____

Relationship to Member(s): _____