Contestant Roster

Please print each name/Duplicate form if needed

Performer Name	Birthdate	Age	Performer Name	Birthdate	Age

I understand and realize possible risk of physical injury involved in dance and dance performance and I am willing to assume the risk. I agree that I will not hold X-treme Dance or it Directors or Employees liable for injuries sustained or illnesses contracted by me or my children or students while in attendance and/or participating in any activity at an X-treme Dance Competition.

_____ _____

Signature of Studio Director Date