



ENTRY FORM HS QUEENS

NAME OF GROUP: _____

CONTACT PERSON / POSITION: _____

MOBILE NUMBER: _____

EMAIL ADDRESS: _____

OFFICIAL MEMBERS LINE UP (COMPLETE NAME)
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SUBSTITUTE MEMBERS (COMPLETE NAME)	
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WAIVER FORM

In consideration of our entry, we, the undersigned, release and forever discharge ACTS Events Management (herein referred to as Organizing Committee), its officers, agents, representatives, employees and all other members from liabilities, claims, damages, or cost that we may have against them arising out of, or in any way connected with our participation in the Dance Supremacy 2023. We understand this waiver includes claims based on negligence, action or inaction of any above parties. We assume all risk of injuries, and losses, which may result from or in connection with our participation in the competition. We have guaranteed that we are capable of performing stunts and moves incorporated in our performance and we assume full responsibility for all our actions during and in connection to the competition. We understand that medical attention will be provided to us by the Organizing Committee should it be necessary and will be of first aid type only. We fully recognize the difficulties of the competition and declare that we are physically fit and able to participate in this competition safely, and not have been told otherwise by a medical qualified person.

Furthermore, we hereby give our consent the access to our personal information through the requirements submitted such as, but not limited to: birth certificates, school enrollment forms, Identification Card, provided that the Organizers will keep all information confidential. We also give consent to the taking of our photographs, video, and statements, or the mention of our name during or in connection to the competition, and to be used without limitation by the Organizing Committee for promotional purposes.

We hereby carefully read this form and agree to abide by all rules and directions of the Organizing Committee during the competition.

OFFICIAL MEMBERS NAME & SIGNATURE		
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12.	31.	50.
13.	32.	SUBSTITUTE MEMBERS NAME & SIGNATURE
14.	33.	1.
15.	34.	2.
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