

SLAM CONTESTANT '09 INFORMATION FORM

TAU DANCE THEATER

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|--------------------|-------------|---------------------|--------------------------------|
| Name (Full legal): | | Stage Name Aliases: | |
| Mobile Phone: | Home Phone: | Work Phone: | Birth Date (mo./dy./yr.): |
| Mailing Address: | | E-Mail: | |
| City: | | State: | Zip: |
| Emergency Contact: | | Phone: | General Excise Tax #: and SS#: |

Tau Dance Theater Federal EIN: 20-0619112

Required if compensated by Tau Dance Theater

RELEASE AND WAIVER - I understand that I am applying for the 4th Annual Earnest T. Morgan Choreographers SLAM '09 contest under Tau Dance Theater with the potential of participating in its sponsored events, including but not limited to special guest appearances, theater events and performances, fund-raising performances, and other such activities (collectively, "Sponsored Events"). I understand that there may be some risks involved in participating in any Sponsored Event, particularly the risk of personal and physical injury that is inherently involved in live performance. Knowing these facts, I hereby waive, release, discharge and agree to hold harmless Tau Dance Theater, its agents, employees, or anyone acting for or on its behalf, from any and all claims of liability for personal injury, death, or property damage of any kind or nature whatsoever arising out of or in the course of my participation in any Sponsored Events.

I further agree that this assumption or risk, release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds myself, my heirs, executors, administrators or anyone else who might claim on my behalf.

I ACKNOWLEDGE THAT I HAVE READ THIS ASSUMPTION OF RISK, RELEASE AND WAIVER CAREFULLY AND UNDERSTAND ITS MEANING. I AM VOLUNTARILY RELEASING THE ABOVE-NAMED PARTIES FROM LIABILITY RELATING TO, ARISING OUT OF OR RESULTING FROM MY PARTICIPATION OR APPEARANCE IN TAU DANCE THEATER SPONSORED EVENTS.

X _____
Signature Date

Signature of parent/guardian required if under 18 years. Forms for minors will be accepted only with signature of parent/guardian above. **Parent/Guardian Information:**

| | | |
|------------|-------------|-------------|
| Last Name: | First Name: | Cell Phone: |
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Tau Dance Theater Use Only:

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| Event/Performance Name: | Event/Performance Date: | Notes: |
|-------------------------|-------------------------|--------|