



DISTINGUISHED STEPPERS UNLIMITED, LLC
Membership Application/Renewal

Please read this section carefully: Membership dues help to underwrite the DSU, LLC's operating expenses such as refreshments, copying and printing, and special programs and activities sponsored by DSU, LLC. Annual membership dues is \$55 and should be paid as early as October 1 of the current year, but no later than February 1 of the following year. Effective June 2, 2010, prorated dues is \$30 for new memberships (this prorated amount does not apply to membership reinstatements). Reinstatement fee is \$15. Dues are payable by cash, check or money order. Cash payments must be made in person. Checks and money orders are to be made payable to DSU, LLC and could be paid in person (preferable) or mailed to DSU LLC, Attn. Membership, PO Box 2080, Clarksville, TN 37042. Membership dues are subject to change.

Please checkmark one of the following: [] New Membership [] Renew Membership

Birthday: _____ [] Male [] Female
Month/Day

Name: _____ Last First M.I.

Mailing Address: _____

Telephone: _____ Email: _____

- I would like to serve on the following committee(s):
[] Membership [] Hospitality [] Fundraising [] Service Projects [] Marketing/Publicity
[] Social Event [] Wardrobe Coordination [] Web Site [] Training/Development

Payment enclosed for \$ _____ [] Check [] Money Order [] Cash Dues cycle (year): _____

Please provide two personal references (and specify relationship): _____

I do hereby make application for membership to Distinguished Steppers Unlimited, LLC. By completing and signing this membership application, I agree to comply with all rules and regulations for all activities per DSU, LLC's Code of Conduct and understand that I am fully responsible for my actions. I understand that my membership will be valid during the fiscal year from the date joined and is renewable each year. I understand that membership dues are subject to change. I understand that I am required to complete and submit along with my membership application DSU's Liability Waiver and Release of All Claims.

Signature

Date

For Official Use

[] Reviewed by Membership Committee [] Approved [] Denied

Remarks: _____

President/Membership Chair Signature

[] Reviewed/Processed by Financial Secretary

Remarks: _____

President/Financial Secretary Signature



**Distinguished Steppers Unlimited, LLC
Liability Waiver and Release of All Claims**

Thank you for choosing to participate in our dance outreach program including, but not limited to, instructional dance classes, fundraisers, celebrations, and demonstrations for the benefit of your health and community. **It is highly recommended that you consult with your personal doctor the state of your physical health before participating in any of our instructional dance classes and/or demonstrations.**

This form is very important in ensuring your safety and/or the safety of your minor child and must be completed and signed for any persons participating in our dance outreach programs. **Please complete and return this form as soon as possible to the DSU, LLC.**

Please read this form carefully and be aware that in registering yourself or your minor child for participation in our dance outreach programs, that you will be waiving and releasing all claims for injuries that you or your minor child might sustain arising out of instructional dance classes and/or demonstrations.

If you are 18 years or younger, a parent or guardian must complete and sign this form in order for you to participate in our dance outreach programs.

If you are 18 years or older, you must complete and sign this form in order for you to participate in our dance outreach programs.

As a participant or the parent/guardian of a minor participant in DSU, LLC's dance outreach programs including, but not limited to, instructional dance classes, fundraisers, celebrations, and demonstrations, I am or my minor child is qualified, in good health, and in proper physical condition to participate in such dance activities. I recognize and acknowledge that due to the nature of the dance activities that the possibility of injury does exist, and I agree to assume full risk and responsibility for any injuries, including death, damages, costs and/or loss which I or my minor child may sustain as a result of participating in any or all activities connected or associated with such dance outreach programs.

As a participant or the parent/guardian of a minor participant, I agree to waive and release all claims I or my minor child may have as a result of participating in the dance outreach programs against Distinguished Steppers Unlimited, LLC, its instructors, members, volunteers, and participants, and, if applicable, owners and lessors of premises on which the dance activities take place. In case of accident or sickness, I as a participant or parent/guardian of a minor participant consent to emergency medical care provided by ambulance or hospital personnel.

As a participant or the parent/guardian of a minor participant, I hereby consent to the use of photographs and videos obtained at DSU events which may be published at anytime in print and/or online at sources including, but not limited to, DSU's web site, brochures, publications, slide presentations, YouTube, Facebook, MySpace, email notifications, flyers, banners, Twitter, and other social media. I or my minor child agree to cooperate with all DSU, LLC instructors and will follow instructions and rules in accordance with their directions. I understand or my minor child understands that failure to obey the rules of the dance activities and instructions of the instructors may result in my or my minor child's dismissal or discharge from events without reimbursement of fees.

As a participant or the parent/guardian of a minor participant, I understand that I am or my minor child is free to withdraw my or his/her participation respectively at any time upon my request and at my or his/her own free will without any coercion, duress, or intimidation of any sort.

I have read the above Liability Waiver and Release of All Claims and fully understand that I have given up substantial rights by signing it.

Participant's Name: _____

Signature of Participant _____ Date: _____

Signature of Parent/Guardian _____ Date: _____
(required if participant is 18 years or younger)

In case of emergency, notify: _____ Telephone: _____
_____ Telephone: _____