

DISTINGUISHED STEPPERS UNLIMITED, LLC

www.distinguishedsteppers.com

2009-2010 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 are \$75 and are due as early as November 1 of the current year, but no later than February 1 of the following year. Membership dues are subject to change. Dues are payable by cash, checks or money orders. 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 or mailed to DSU LLC, Attn. Membership Chairperson, PO Box 2080, Clarksville, TN 37042.

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.

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
 Social Events/Wardrobe Coordination Web Site Training/Development

Payment enclosed for \$ _____ Check Money Order Cash

Signature

Date

For Official Use

Reviewed by Membership Committee Approved Denied

Membership Chair Signature

Reviewed/Processed by Financial Secretary

Financial Secretary Signature

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

Thank you for choosing to participate in our community dance outreach program for the benefit of your health. 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 or demonstrations.

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

Please read this form carefully and be aware that in registering yourself or your minor child for participation in our community dance outreach program, 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 community dance outreach program.

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

As a participant or the parent/guardian of a participant in DSU, LLC's community dance outreach program, I am or my minor child is qualified, in good health, and in proper physical condition to participate in such dance activity. I recognize and acknowledge that due to the nature of the dance activity that the possibility of injury does exist, and I agree to assume the full risk and responsibility of any injuries, including death, damages, costs or loss which I or my minor child may sustain as a result of participating in any or all activities connected with or associated with such community dance outreach program.

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

As a participant or the parent/guardian of a participant, I hereby consent to the use of my photograph in DSU, LLC's web site, brochures, publications, slide presentations, etc. 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 activity and instructions of the instructors may result in my or my minor child's dismissal or discharge from the event without reimbursement of fees.

As a participant or the parent/guardian of a participant, I understand that I am or my minor child is free to withdraw my or his/her participation at any time upon my request and at my 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 _____
(only if participant is 18 years or older)

Date: _____

Signature of Parent/Guardian _____
(only if participant is 18 years or younger)

Date: _____

In case of emergency, notify: _____ Telephone: _____

_____ Telephone: _____