Dear Fellow Administrator or Dance Educator,

In celebration of your students’ dance education, the Central Connecticut State University Dance Education Program is sponsoring our 4th Connecticut High School Dance Festival to be held at CCSU on October 20, 2018.

Classes in the following genres will be taught by CCSU faculty and guest artists:

- Ballet
- Horton Technique
- Graham Technique
- Yoga for Dancers
- Jazz Funk
- Afro-Caribbean
- Contact Improv
- Broadway
- Hip Hop

**Registration:** All registration must take place by October 3, 2018.

Please note: Form A is completed electronically. Form B must be signed by each students' parent or guardian, and collected by the contact teacher.

**CLICK HERE FOR REGISTRATION FORM A**

REGISTRATION FORM B is below (must be signed and returned to student’s contact teacher)

**Adjudication:** Your students will have the opportunity to perform on the CCSU Welte Stage at 5pm in an adjudicated concert. Feel free to submit up to two dances. The first entry is included in the initial $100 registration fee. The second entry is only an additional $50.

All dances will be adjudicated by the dance faculty and receive immediate feedback. All festival participants are invited to attend the concert even if they choose not to perform. The Dance Concert is FREE for family and friends.

This is not a competition but an opportunity to learn from some of the best teachers throughout the country. Your students will have the opportunity to perform on the same stage on which Merce Cunningham taught his famous Videography for Dancers course and where companies such as Jennifer Muller/The Works, Hubbard Street, and Paul Taylor II performed.

We want your students to have this exceptional opportunity and look forward to dancing with you!
Student Registration Form (B)

Each student needs to complete a Student Registration Form (B) with parental consent and signature. Please return to contact teacher.

Participant:

Last Name: ___________________________ First Name: ___________________________

Date of Birth: ____________ Email: ___________________________

Home Address: ____________________________________________________________

City: ___________________________ State: ________ Zip Code: _______________

School/ Studio Address: _____________________________________________________

Contact Teacher Name: ____________________________________________________

ACCEPTANCE OF RISK AND RELEASE:

Check the applicable box:

☐ I, the above participant (Participant) am eighteen years of age or above and acknowledge that I intend to participate in the 2018 CT High School Dance Festival (Activity) at Central Connecticut State University, 1615 Stanley Street, New Britain, Connecticut 06050 (CCSU) on Saturday, October 20, 2018.

☐ I am the parent/legal guardian of the above-named participant (Participant) who is under eighteen years of age, and I am fully competent to sign this release. I give permission for Participant to participate in the 2018 CT High School Dance Festival (Activity) at Central Connecticut State University, 1615 Stanley Street, New Britain, Connecticut 06050 (CCSU) on Saturday, October 20, 2018.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, recognize that there are risks and hazards directly or inherently involved in the Activity and that Participant may become injured during participation. With full knowledge of the facts and circumstances surrounding this Activity, I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, voluntarily undertake this Activity/voluntarily give permission for the Participant to undertake this Activity and KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CENTRAL CONNECTICUT STATE UNIVERSITY, FROM THE PARTICIPANT’S PARTICIPATION IN THIS ACTIVITY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure officials of CCSU that Participant has adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from the Participant’s participation in this Activity. I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure CCSU that there are no health-related reasons or problems that preclude or restrict the Participant’s participation in this Activity.

IN CONSIDERATION OF CCSU PERMITTING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO HOLD THE STATE OF CONNECTICUT, THE CONNECTICUT STATE UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, AND CCSU, THEIR EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER, INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF CCSU, WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. THE TERMS HEREIN SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL MEMBERS OF MY FAMILY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, have read the foregoing and fully understand its contents. I understand that by signing this assumption of risk and release of liability agreement, I will be giving up substantial rights and I sign this document freely and voluntarily without any inducement.

This document shall be construed in accordance with the laws of Connecticut, without regard to its principles of conflicts of laws.

Media Release:

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, hereby give my consent to all photographs and video recordings taken of the Participant by CCSU and other participating parties during the Activity and understand that any such material becomes the property of CCSU and may be copied or otherwise reproduced by CCSU and used by CCSU for educational, instructional, or promotional purposes.

Participant Signature (if 18 or over) __________________________________________ Date ______________

Name of Parent/Guardian (if Participant is under 18) ______________________________ Date ______________

Signature of Parent/Guardian __________________________________________ Date ______________