Shifting Sand Belly Dance

CONSENT TO PARTICIPATE AND RELEASE OF LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the organization known as Shifting Sands Belly Dance, a Nevada not-for-profit corporation (hereafter "SSBD).

In exchange for allowing me to participate in SSBD activities and events, I agree to release from liability, agree to indemnify, and hold harmless SSBD, and any SSBD agent, officer or any other affiliated with this group acting within the scope of their duties for the following:

- Personal Injury
- Theft of personal property
- Damage to personal property
- Any action I take personally that result in criminal charges and/or against the rules and regulations as set forth by SSBD and the Clark County Department of Parks and Recreation for the Las Vegas Age of Chivalry Renaissance Festival.
- Any items in my possession which are deemed to be illegal and/or against the rules and regulations as set forth by SSBD and the Clark County Department of Parks and Recreation for the Las Vegas Age of Chivalry Renaissance Festival.

I understand that SSBD does not provide any insurance coverage for my person or property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

This shall be binding upon myself, succors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon SSBD, its officers or agents.

TROUPE NAME (If Applicable):_____

Print Name	Signature	Date

Print Name	Signature	Date