

GODDESSES

2011 JR. DANCE CLINIC

The Cleveland Gladiators are holding TWO (2) dance clinics during the 2011 season! This experience allows girls ages 8-17 the opportunity to perform at a Cleveland Gladiators home game at Quicken Loans Arena!



SCHEDULED PERFORMANCES

<p>SATURDAY, APRIL 16 Gladiators vs. N.O. VooDoo Game Time: 7:00 pm Dance Clinic: 9am - 12pm Fee - \$30 Deadline to register: 4/13/11</p>	<p>SATURDAY, JUNE 25 Gladiators vs. San Jose SaberCats Game Time: 7:00 pm Dance Clinic: 9am - 12pm Fee - \$30 Deadline to register: 6/22/11</p>
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EACH PARTICIPANT RECEIVES

Ticket to the game • DVD of the performance • Team Photo • T-shirt • Professional Instruction

This one-day clinic will be held on the Cavaliers practice court the morning of the scheduled performance! Taught by members of the Goddesses, the girls will learn a routine that they will perform later that night during the Gladiators game!! For girls wishing to participate in **BOTH** clinics, a discounted fee of \$50 will be accepted!

REGISTRATION FORM

Each participant will receive ONE (1) free game ticket to the Gladiators game in which they perform. Additional tickets must be ordered by the noted registration deadline. **To register, fax or send this form to (216) 685-9002 ATTN: Dance Clinic - OR - Cleveland Gladiators, attn: Dance Clinic, 631 Huron Road, Cleveland, Ohio 44115.** Pre-ordered tickets will be picked up the morning of the clinic.

MY CHILD WILL PARTICPATE IN THE FOLLOWING CLINIC:

- Saturday, April 16 vs. VooDoo**
 Saturday, June 25 vs. SaberCats

ADDITIONAL TICKETS NEEDED:

x \$18 = \$

 # of Tickets Cost Per Ticket Total Due

 Child's Name Age

 Address

 City State Zip Code

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 Parent / Guardian Phone Number

 Parent / Guardian Email Address

<p><input type="checkbox"/> Credit Card VISA / DISCOVER / MASTERCARD / American Express (Circle One)</p> <p><input type="checkbox"/> Check</p> <p><input type="checkbox"/> Cash _____ Credit Card # Expiration Security Code</p> <p>_____ Check # Parent / Legal Guardian Signature</p>	<p>FOR OFFICE USE ONLY</p> <div style="height: 80px;"></div>
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CLEVELAND GLADIATORS Jr. Dance Clinic
AF1 WAIVER AND RELEASE

The undersigned, _____, (Print Participant Name) for herself and her heirs, personal representatives and/or administrators, hereby forever discharges and releases Arena Football One, LLC, LLC and Arena Football One, LLC Operating Company, LLC, all teams in the Arena Football One, LLC and the Operating Member (s) of all such teams, and the owner(s) of the aforementioned teams, the Quicken Loans Arena, Cleveland Cavaliers Operating Company, and their respective agents, owners, officers, directors, employees, contractors, successors and and/or assigns from any and all liabilities, claims, demands, costs, expenses, damages, actions or causes of action that the undersigned may incur or acquire during the course of her participation in, involvement with, or attendance at the JR. DANCE CLINIC to be conducted by the:

CLEVELAND GLADIATORS on Saturday, April 16 2011 OR Saturday, June 25, 2011

This "Waiver and Release" is given for and in consideration of the opportunity to participate in the aforementioned junior goddess clinic and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged. In this regard, the undersigned acknowledges that he/she is executing this "Waiver and Release" with the understanding that it in no way constitutes a contract or offer of employment between the undersigned and the Arena Football One, LLC, nor the employment between the undersigned and the Cleveland Gladiators; it is only an opportunity to participate with the Goddesses dance team. The undersigned warrants that he/she suffers from no minor or serious physical injury; illness or disability that would make him/her especially susceptible to injury or disability in performing any activity contemplated by this "Waiver and Release". The undersigned also warrants that he/she is physically able to fully participate in the aforementioned goddess tryout and that he/she fully comprehends and accepts all of the risks associated with such participation.

Phone Number: ()	Cell Phone: ()
HGT: ____ WGT: ____	Date of Birth: _____
IN CASE OF EMERGENCY CALL:	
NAME: _____	TELEPHONE: _____
RELATIONSHIP: _____	

Participant Name (Please Print)

Team Representative (Please Print)

Participant Signature Date

Team Representative Signature Date

Name of Parent/Legal Guardian (Please Print)
(If participant is under 18 years of age)

Signature of Parent/Legal Guardian Date