ZUMBA MASTER CLASS APPLICATION

Performing Agreement & Release of Liability

Saturday, May 02, 2020- 9 a.m. to 11a.m. (Indoor) and till 6p.m. (Outdoors)

Senter Park Recreation Center - 901 S. Senter St. Irving, TX

You will be performing for as a Dancer/Performer/MC. We expect excellent attendance 5,000+. This event is indoors and outdoors. Music, food, arts and crafts plus lots of major activities for this fun-filled day!

Duration of performance: Please not more than :18 minutes.

Group Name			
Name of Representative/To	eacher:		
Type of performance: ZUM			
Contact Name			
Address			
Mobile Phone	Other Phone #		
FAX	Email Address_		
Name of Contact at the Event		Signature:	

Performance Conditions:

- You need to provide us with a short 4-line description of your group bio/background. (80 words or less).
- You need to sign the attached Talent Release and email it or fax it dcenti1@sbcglobal.net fax 972-669-5035 (Please call first)
- You need to be ready to perform and arrive at least 1.5 hour before your scheduled time.
- You need to register and obtain your Name Badge upon arrival at the Hospitality Desk. If you come early, Continental Breakfast will be served downstairs from 8am 9:00am
- Provide a CD, or Flash Drive with your music to Mayte Mendoza the Coordinator of the ZUMBA event and deliver it to her upon arrival the day of the event. You need to return this Confirmation Agreement not later than April 20

GENERAL RELEASE OF LIABILITY FORM CITY OF IRVING and DCET/Believe in Yourself, Inc.

I understand that the City of Irving, Texas, (hereinafter the "City") is a home rule municipality that sponsors this Festival. The activities, which I seek to participate in, involve the risk of injury or death. I agree that by participating in the <u>CINCO DE MAYO Multicultural Festival at Senter Park, Saturday, May 07, 2017 from 10am-6pm</u> City-related activity, I am responsible for my own safety and agree that I knowingly and voluntarily assume the risks involved in such activity. In consideration of the City and DCET permitting me to participate in the activities described herein, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns, as follows:

- 1. I agree to waive, release, hold harmless, and discharge from any and all liability the City, its elected or appointed officials, officers, agents, representatives, employees, and volunteers, from and against any and all claims and damages of every kind, for my injury or death and for damage to or loss of property arising out of or attributed to the activities described herein, including but not limited to claims and damages arising in whole or in part from the negligence of the City and its elected or appointed officials, officers, agents, representatives, employees, and volunteers.
- 2. I also agree to defend, indemnify, and hold harmless the City, its elected or appointed officials, officers, agents, representatives, employees, and volunteers, from any and all liability, claims, actions, suits, judgment, damages, and costs arising out of or attributed to my participation in the activities described herein, including any injury or death and damage to or loss of property resulting there from. This Release shall bind executors, my administrators, heirs, next of kin, successors, assigns, and me.

I understand and acknowledge that the City is acting in reliance upon agreements made by me in this Release in order to extend to me the benefits of participation in the activities described herein and that, were I not willing to abide by the terms of this Release, such opportunity to participate in the activities described herein would not be extended to me. I further understand and acknowledge that the City is acting in reliance upon representations made by me in this Release, and were I not willing to abide by the terms of this Release, the City's permission to participate in the activities described herein would not be extended to me.

I understand that this Release is not a Contract of Employment, that I am not an employee of the City, or DCET and that I will not be eligible for nor entitled to workers' compensation benefits or any other employee benefits from the City.

PLEASE Print your name	Signature:	Date:	
Accepted by: Elvia Wallace-Martinez	CONFIRMATION NU	CONFIRMATION NUMBER #	

Event Producer - 214-587-1983

May 06, 2020, Irving, TX

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