

FLIGHT- America's Ultimate Acro & Dance Convention

Participant's Name: _____ Birthdate: _____ - _____ - _____ Age (at time of convention): _____

Parent/Legal Guardian (if under 18 yrs): _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Emergency Contact: _____ Relation: _____ Phone: _____

Please list any medical conditions that we should be aware of: _____

How did you hear about **FLIGHT**? ☐ Attended ☐ Facebook ☐ Instagram ☐ Friend ☐ Google Search

Studio Name: _____

The ACRO EXPERIENCE Aug 15 & 16, 2025	2 Fun-Filled Days of Acro taught by industry professionals. Experience 10 Fun-Filled Classes in Acro Progressions, AcroDance, Acro Combos, Tumbling Tricks & Tips & More!	Select Age & Acro Level <input type="checkbox"/> 8-10 Beg/Inter <input type="checkbox"/> 8-10 Advanced <input type="checkbox"/> 11-18 Intermediate <input type="checkbox"/> 11-18 advanced <i>*level descriptions can be found on website</i>	Tuition Before July 1st	Tuition After July 1st	TOTAL
			\$ 325	\$345	

The DANCE EXPERIENCE Aug 17, 2025	1 Day of Explosive Dance! Experience 5 Energetic Classes in Hip Hop, Jazz, Lyrical, Turns & Jumps & Contemporary taught by Industry Leaders!	Age Groups <input type="checkbox"/> Ages 8-10 <input type="checkbox"/> Ages 11-12 <input type="checkbox"/> Ages 13-18	Tuition Before July 1st	Tuition After July 1st	TOTAL
			\$ 160	\$180	

The BACK 2 BACK EXPERIENCE Aug 15-17, 2025	REGISTER FOR BOTH AND SAVE \$50! 3 Jam-Packed, Fun-Filled Days of Acro & Dance. Experience 15 Classes taught by Industry Professionals!	Select Age & Acro Level <input type="checkbox"/> 8-10 Beg/Inter <input type="checkbox"/> 8-10 Advanced <input type="checkbox"/> 11-18 Intermediate <input type="checkbox"/> 11-18 advanced <i>*level descriptions can be found on website</i>	Tuition Before July 1st	Tuition After July 1st	TOTAL
			\$ 435	\$475	

"NEW" The Lil' FLYERS Aug 17, 2025	Specially Designed for ages 5-7. Experience a ½ day of Acro/Dance Magic! Lil' Flyers will enjoy 3 classes in Acro, Hip Hop & Lyrical!	Age Group <input type="checkbox"/> Mini (ages 5-7) Half Day Only Sun, Aug 17th Time: 9:00 AM-12:00 PM	Tuition Before July 1st	Tuition After July 1st	TOTAL
			\$ 90	\$100	

BONUS CLASSES Aug 14, 2025	LOOKING FOR MORE? Add Optional Bonus Classes taught by Industry Professionals and take your training to the next level! Class Size Limit: 25 Students Register Early to reserve your spot! *Must be registered for the FLIGHT AcroDance convention to participate in bonus classes.	Select Bonus Class <input type="checkbox"/> Ariel Hoop 101 (beg/inter) Th, Aug 14th, 4:00-5:15 pm <input type="checkbox"/> Ariel Hoop 201 (Intermediate) Th, Aug 14th, 5:15-6:30 pm <input type="checkbox"/> Ariel Hoop 301 (advanced) Th, Aug 14th, 6:30-7:45 pm <input type="checkbox"/> Hand Balancing 101 (Beg/inter) Th, Aug 14th, 6:30-7:45 pm <input type="checkbox"/> Hand Balancing 201 (Inter/Adv) Th, Aug 14th, 5:15-6:30 pm <input type="checkbox"/> Back Handspring 101 (Beg) Th, Aug 14th, 5:15-6:30 pm <input type="checkbox"/> Power Tumbling 201 (Adv) Th, Aug 14th, 4:00-5:15 pm	Tuition Before July 1st	Tuition After July 1st	TOTAL
			\$ 35 ea	\$45 ea	

TOTAL: _____

IF PAYING WITH CREDIT CARD, COMPLETE REGISTRATION AND RETURN BY EMAIL:

FlightAcroDance@gmail.com

Credit Card: Visa / MC / Discover: _____

Exp date: _____ CV2 Code: _____ Total amount to be charged: _____

IF PAYING WITH CHECK, SEND REGISTRATION, WAIVER & PAYMENT TO:

FLIGHT AcroDance Conventions, 6700 N. Canton Center Rd. Canton, MI 48187 USA

Canadian Checks are not accepted. Cashier's check or money orders in US funds only.

Checks payable to: **FLIGHT AcroDance Conventions**

*Convention fees are non-refundable

FLIGHT AcroDance Conventions Participant WAIVER and RELEASE
Acceptance of Risk / Waiver and Release of Liability / Appearance Agreement
This form must be filled-out by each participant and each participant's parent
or legal guardian if participant is under 18 years of age.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK in consideration of the services of **FLIGHT** AcroDance Conventions, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf. I hereby agree to release, indemnify, and discharge **FLIGHT** AcroDance Conventions, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in acrobatics, contortion, dance, aerial arts, trapeze, hand balancing, partnering and other various disciplines entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; strains, cuts, bruises, muscle soreness, tears and fractures; musculoskeletal injuries including head, neck, and back; injuries to internal organs; the negligence of other people; the negligence of other participants, or other persons who may be present; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from shows and exhibitions can raise the possibility of any manner of transportation accidents. In any event, if you or your child is injured, any medical assistance at your own expense. Furthermore, **FLIGHT** AcroDance Conventions employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate despite the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **FLIGHT** AcroDance Conventions from all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of **FLIGHT** AcroDance Conventions equipment or facilities, including any such claims which allege negligent acts or omissions of **FLIGHT** AcroDance Conventions.
4. Should **FLIGHT** AcroDance Conventions or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. If I file a lawsuit against **FLIGHT** AcroDance Conventions, I agree to do so solely in the state of Michigan, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against **FLIGHT** AcroDance Conventions based on any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant's Name _____ Name(s) of Parent(s) / Legal Guardian _____

Participant's Birthdate: _____ Event Date: _____

Participant's Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Signature of Participant _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18): I represent and warrant that I am the parent or legal guardian of the minor whose name appears above. I have read the foregoing Waiver and am satisfied that the Waiver is fair and equitable, and I hereby give my express consent to its execution by my child/ward and will not revoke my consent at any time.

Parent or Legal Guardian signature: _____ Date: _____