

BS  DM



**Ball State Dance Marathon
2008-09 Registration Form
“Where **U** Can Make a Difference”**

Welcome to Ball State Dance Marathon...

Where BSU and the Muncie Community come together for 12 hours of dancing for a common cause to raise money for Riley Children's Hospital, a partner hospital with Children's Miracle Network.

What to expect...

At the Marathon dancers will be given the chance to meet and hear the experiences of Riley children and their families, participate in games, listen to bands, and see performances.

Anyone interested in becoming a dancer can fill out the registration form found within this packet.

Once you have filled out your registration form and paid your registration fee, you will be supplied with a BSUDM T-shirt, drinks, food, but most importantly a **great** time throughout the marathon.

Registration forms can be turned in at the Atrium table, online, or to our mailbox at:

Ball State Dance Marathon
Ball State University
Student Center Box # 146
Muncie, In 47306

For any further questions contact:

Kelsey Ransom
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What is Dance Marathon?

Dance Marathon is a 12 hour event on February 21st from 1P.M. to 1 A.M., it will be held at the Alumni Center. You will be on your feet and awake all night raising money for Riley Hospital for Children. The goal is to avoid sitting throughout the night! During the marathon, we will have a variety of entertainment including DJ's, bands, games, BSU clubs and organizations, and Riley families sharing their stories.

During the marathon you will participate in a variety of fun activities, including learning a morale dance. The Morale dance is an essential part of keeping your spirits up during the long hours of being “**on your feet.**” There will be meals and snacks provided throughout the marathon and drinks available at all times. Most importantly, we will also have Riley families share their amazing stories. Riley stories are one of the highlights of our marathon, because they are the reason we are raising money!



The weeks leading up to the marathon are a great time to work on raising money to support these families. To participate you will need to raise a minimum of 75 dollars or you can give us 15 letters stamped and addressed to friends and family to ask for support, to donate to Riley Hospital. *This is easy!* We will be sending you a letter head in an E-mail and provide a sample letter. However, please **DO NOT** seal the envelopes, we will be sending a return envelopes in them. Some fundraising ideas are bake sales, donate clothes to get money, sell old video games and movies, and have a garage sale; you can also donate online at, www.bsudm.org. If you need help with other fundraising ideas, ask us, because we can help you! Also, if you ever need to search for information on the web, by going to goodsearch.com and typing in Ball State University Dance Marathon, every time you search we raise money for Riley Children!

Frequently asked questions:

Q: Do I have to be a good dancer to be in dance marathon?

A: No, dancing is not required you just have to want to help raise money for Riley Hospital. The marathon is more like a big party then a dance competition, with many activities to do.

Q: What should I bring to the marathon?

A: What to bring

- Good shoes that will be comfortable to wear for 12 hours.
- Your registration forms if not turned in already.
- Any medications you may need to take during the time of the marathon.
- A form of identification(ex. Drivers License or BSU ID)
- Good, positive Attitude!

A: What NOT to bring

- Jewelry and other valuables
- Water bottles or any other containers. There will be water and Gatorade provided for you throughout the entire marathon.
- Absolutely **NO** alcohol or illegal drugs. There will be a Zero tolerance policy.

Q: Can I leave any time during the marathon?

A: The purpose of dance marathon is to remain standing for 12 hours in support of the children at Riley Hospital. The children treated at Riley are the sickest children in the state of Indiana and most have been stuck in bed for many days, even months, and desperately need our support. For this reason, we ask that you stay for the whole marathon. If you do unfortunately have to leave for some reason you will NOT be allowed back into the marathon under any circumstance.

Ball State Dance Marathon
2008 Dancer Registration

Dancer # _____

Name: _____

Team Name: _____

Campus Address:

Captain: _____

Team Organization:

Home/Permanent Address:

Email: _____

Year in School:
Fresh. Soph. Junior Senior Other

DOB: ___/___/___

Expected Graduation Date:

Cell Phone #: (____) _____

T-Shirt Size: S M L XL XXL

Release Form:

In consideration for the opportunity to participate in this event, which is sponsored by Ball State University, I hereby release Ball State Dance Marathon representatives for any and all liability for injuries or damages that I may sustain as a result of my participation in the Ball State Dance Marathon. I also realize that any medical expenses incurred as a result of my participation in this event will be my sole responsibility. In addition, I realize that Ball State Dance Marathon Council is not responsible for any lost, damaged, or stolen items and will not refund any payments to the event. I understand that I am participating at my own risk and I release the Ball State Dance Marathon Council and their representatives from all responsibility.

Date: _____

Participants Name: _____

Signature _____

Council Use Only

Council Use Only

Paid: _____

Cash: _____

Check: _____

If paying for someone else, Name (s):

Any money given to Ball State Dance Marathon will be considered a donation and is non-refundable

Total Letter Writing Received: _____

BSU Dance Marathon 2009 Dancer Medical Information

FOOD INFORMATION

Food Allergies

Other accommodations

Please specify if you may need special accommodations. (wheelchair, crutches, etc.)

HEALTH INFORMATION

Please indicate any medications that you are taking regularly and those you might need to take while participating in Dance Marathon 2008.

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

OTHER ISSUES

Please let us know if there is anything else we should know that might be of issue during a 12-hour dance marathon.

Signature _____

Date _____

RILEY CHILDREN'S FOUNDATION

ACKNOWLEDGMENT, WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION

In exchange for my being allowed to volunteer (as a "Volunteer") for or participate (as a "Participant") in a dance marathon (the "Event"), a program conducted by Ball State University for the benefit of James Whitcomb Riley Memorial Association, d/b/a Riley Children's Foundation (the "Foundation"), and James Whitcomb Riley Hospital for Children (the "Hospital"), I, _____, of

_____ (home address), and if I am not yet 18 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Description of Event. The Event is a marathon in which the participants stay on their feet or dance continually and with only limited breaks. It will occur on February 21st 2009 at one P.M. to one A.M., at the Alumni Center, on the Ball State University campus. It is an event that tests a person's physical, mental, and emotional limits in the extreme.
2. Not a Foundation-Sponsored Activity. I understand and acknowledge that the Event is not sponsored, conducted, supervised, or monitored by the Foundation, the Hospital, Indiana University, or Clarian Health Partners, Inc. (collectively, the "Corporations"), and that the Foundation and the Hospital are merely the beneficiaries of a portion of the proceeds from the Event. I further understand and acknowledge that none of the Corporations will, nor does any of them have the obligation to, make available any medical equipment or personnel at or in connection with the Event for the benefit of Volunteers for or Participants in the Event.
3. Voluntary Involvement. I understand and confirm that my involvement in the Event as a Volunteer or a Participant is voluntary.
4. Parental Approval. I have informed my parents of my intention to participate in the Event, and I have obtained their approval of my participation in the Event.
5. Identification of Risks. I understand that my involvement in the Event as a Volunteer and/or Participant may carry risk of injury and loss, both to person and to property. I also understand that such risk of injury may include the possibility of permanent disability and death. I understand that this Acknowledgment, Waiver, Release of Liability, and Indemnification is intended to address all of the risks of any kind associated with my involvement as a Volunteer and/or a Participant in any aspect of the Event, including, particularly, such risks created by actions, inactions, carelessness, or negligence on the part of the Corporations or any of their directors, trustees officers, employees, agents, volunteers, successors, or assigns.
6. Assumption of Risks. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my involvement in the Event as a Volunteer and/or a Participant. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my involvement in the Event as a Volunteer and/or a Participant.
7. Release and Waiver. I release the Corporations and their directors, trustees, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, damage, or expense, including attorneys' fees, in any way connected with my involvement in the Event as a Volunteer and/or a Participant (a "Claim"),

whether or not caused in whole or in part by the negligence or other misconduct of any of the Corporations, any of the individuals mentioned above, or any other Volunteer or Participant in the Event.

8. Indemnification. I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) the Corporations and their directors, trustees, officers, employees, agents, volunteers, successors, and assigns from all Claims (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument) in any way connected with or arising out of my involvement in the Event as a Volunteer and/or a Participant (including Claims relating to my actions while under the influence of alcohol or any other substance served or made available in connection with the Event), whether or not caused in whole or in part by the negligence or other misconduct of any of the Corporations, any of the individuals mentioned above, or any other Volunteer or Participant in the Event.

9. Binding Effect. This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of the Corporations and their successors and assigns.

10. Severability. If any term or provision of this instrument or the application thereof to any persons or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.

11. Applicable Law. Because each of the Corporations is located in the State of Indiana and the Event is being held in the State of Indiana, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.

THIS IS AN ACKNOWLEDGMENT, WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION. I HAVE READ THIS ACKNOWLEDGMENT, WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ACKNOWLEDGMENT, WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION VOLUNTARILY.

_____	_____	_____
Printed Name	Signature	Date

If the person involved in the Event as a Volunteer and/or a Participant is not yet 18 years old, both parents or the legal guardian(s) also must sign:

In exchange for my/our child or ward having the opportunity to be involved in the Event as a Volunteer and/or a Participant, and as the parents or legal guardian(s) of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Acknowledgment, Waiver, Release of Liability, and Indemnification.

Printed Name (Parent or
Legal Guardian)

Signature

Date

Printed Name (Parent or
Legal Guardian)

Signature

Date

Paying your money!

What: \$15 for registration plus your \$75 from your friends and family or 15 addresses for letters to be sent out.

When: Pre-registration will be from December 1st to the 12th in the Atrium. First 50 to register will receive a **FREE** T-shirt. All the money and registration packets are **DUE** by February 15th

Where: BSU Dance Marathon
Ball State University
Student Center Box 146
Muncie, IN 47306

Mail your dancer packet and money OR drop it off in the student center box 146.

Only Registered Dancers can participate in the events at BSUDM. Visitors are welcome but will be separated from the dancers.

We will e-mail you or call you about the location of the marathon

Check out www.bsudm.org for more information! Also if you have questions e-mail: DanceMaratho@bsu.edu

Where U Can Make A Difference!