

DALLAS MAVERICKS DANCERS APPLICATION

Name: _____

Address: _____

City _____ State: _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email address: _____

Are you under 21 years old: _____

Current Occupation: _____

Work Description: _____

EDUCATIONAL BACKGROUND:

High school/Colleges/Universities Attended	Degrees held	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

DANCE BACKGROUND:

List any honors/awards you have received:

DALLAS MAVERICKS DANCERS

WAIVER AND RELEASE

The undersigned requests that she be allowed to demonstrate her skill and ability as a contestant during the auditions for the Dallas Mavericks Dancers (DMD). In consideration of being afforded such opportunity, the undersigned hereby assumes the risk of injury inherent in such activity and waives any claim for damages against Dallas Basketball Limited (DBL) d/b/a Dallas Mavericks, and/or all of their present and future officers, directors, members, managers, partners, employees, shareholders, stakeholders, agents, representatives, corporate affiliates, instructors, successors and assigns, other participants, owners and lessors of any premises used to conduct the Activities, the National Basketball Association (the "NBA") and any of its affiliates and subsidiaries jointly and severally for any injuries that may be sustained by the undersigned during such demonstration.

In recognition of the media coverage of the DMD and participants thereto, the undersigned grants DBL and its licensees her permission and authority to use her name, voice, picture, and likeness in connection with any and all publications, media broadcasts, promotional photographs, promotional posters, commercial products, including but not limited to calendars, team pictures, T-shirts, and any other commercial items.

In further consideration of DBL allowing the undersigned to audition for the DMD, and in the event the undersigned is offered to become a member of the DMD, she hereby understands and agrees that as a condition of such offer, she must sign the standard DMD Independent Contractor Agreement and provide written authorization under the Fair Credit Reporting Act for DBL to conduct a background check and drug screen at its discretion.

The undersigned understands and agrees that DBL and/or its authorized agents may conduct one or more background checks to validate information submitted about her current and past employment, education level, and character, including, but not limited to, academic achievement, performance, conduct, disciplinary, attendance, criminal, credit and driving records, from various federal, state, and local governmental, law enforcement, and motor vehicle agencies, consumer reporting agencies, previous employers, schools, companies, corporations, partnerships, and other entities or persons. This information will be used to evaluate the undersigned, to determine if DBL will offer an Independent Contractor Agreement. The undersigned further authorizes any person, entity or agency contacted by DBL or its authorized agents to furnish the above-mentioned information. If a background check reveals that the undersigned has provided inaccurate information or omitted information on the DMD form, then it may result in the rejection of her consideration or, if already accepted, in the termination of her Independent Contractor Agreement.

The undersigned recognizes and understands that, conditioned upon an Independent Contractor offer, she may be drug tested with or without warning and will be released from the squad if positive results occur.

By signing this DMD waiver and release, the undersigned warrants that she is at least eighteen (18) years of age.

DATE: _____

(Print Name)

(Signature)