

# *KalaAwishkar* | *Dance School*

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## Waiver and Release Form for kids

I fully understand that Shraddha Joglekar is not a physician or medical practitioner of any kind. With the above in mind, I hereby release Shraddha Joglekar to render temporary first aid to my child in the event of an injury or illness, and if deemed necessary by Shraddha to call our doctor and to seek medical help, including transportation by Shraddha, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance if Shraddha deemed this to be necessary.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I as a classical dancer recognize my obligation to make my students and their parents aware of the risks and hazards with dance. Students may suffer injuries from minor to serious. It is the responsibility of the parents to make their children aware of the possibility of injury and encourage their children to follow any and all the safety rules set by the teacher's instructions.

With the above statement in mind, and being fully aware of the risks and possibility of injury involved, I as the parent (guardian) of this child hear by consent to have my child or children(s) participate in the programs offered by Shraddha. Myself, my executors, relatives, next of kin or any other representatives, waive and release all rights and claims for damages from KalaAwishkar or Shraddha Joglekar that my child or children(s) might sustain while participating in any classes by KalaAwishkar or Shraddha Joglekar.

I also understand that it is the parents' responsibility to warn my child about the dangers of dance and injury. The parent should warn the child according to what the parent feels is appropriate. KalaAwishkar will only warn the child through " Safety Messages" and my teaching style and progressions. I further authorize Shraddha Joglekar or/& KalaAwishkar to stop teaching my child & to ask my child to remain on the side in the event that my child is disruptive or fails to follow all safety rules or instructions.

By signing below the parents release Shraddha from responsibility for injuries sustained by any student during the course of dance or in the course of any exhibition, competition or clinic in which he/ she may participate or while traveling to or from the event. I further agree that I will pick up my child within 15 minutes of the expected class end times. If this time is exhausted then I understand that there will be a penalty of \$10 for every 15minutes I am late.

Parent or Guardians Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## ***KalaAwishkar Registration Form***

Student Name \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed by \_\_\_\_\_ cell/pager \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed by \_\_\_\_\_ cell/pager \_\_\_\_\_

Emergency Contact (other than Parents)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Date Joined:** \_\_\_\_\_

**Reg Fee \$** \_\_\_\_\_

**Fees for 5 Classes: \$** \_\_\_\_\_

**Total Fees: \$** \_\_\_\_\_

**Waiver and Release Form for Adults**

I fully understand that Shraddha Joglekar is not a physician or medical practitioner of any kind. With the above in mind, I hereby release Shraddha Joglekar to render temporary first aid to my child in the event of an injury or illness, and if deemed necessary by Shraddha to call our doctor and to seek medical help, including transportation by Shraddha, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance if Shraddha deemed this to be necessary.

Dancers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I as a classical dancer recognize my obligation to make my students aware of the risks and hazards with dance. Students may suffer injuries from minor to serious.

You should be aware of injury and follow all the safety rules and the teachers' instructions.

By signing below I release Shraddha Joglekar or KalaAwishkar from responsibility for injuries sustained by me during the course of dance or in the course of any exhibition, competition or clinic in which I may participate or while traveling to or from the event.

With the above statement in mind, and being fully aware of the risks and possibility of injury involved, I agree to participate in the programs offered by Shraddha Joglekar. I, my executors, relatives or other representatives, waive and release all rights and claims for damages that I may have against KalaAwishkar & Shraddha Joglekar

Dancer's Signature \_\_\_\_\_ Date: \_\_\_\_\_