Kalaikoil Dance & Arts of India

6715-J Dublin blvd, Dublin, CA 94568

2015 Enrollment - Release - Hold Harmless

Registration Information			
Na	me (parent)		
	ephone _.		
Emergency Contact/telephone			
	dress		
	ident's Name		
	ıdent Age:		
Em	ail:		
Lia	ability Release	e/Medical Conse	nt
In co Kala	onsideration of being all	owed to participate in any class of Dance & Arts of India- the ur	s, camp, program or activity at
1.	I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases of others, and assume full responsibility for my participation; and I realize there is an inherent risk of injury and I consent to my/my child's participation in said activities.		
2.			
3.			
4.	,		
5.			
6.	I, for myself and on be kin, HEREBY HOLD HA Swetha Dixit, their offi agencies with respect	half of my heirs, assigns, pers RMLESS Kalaikoil Tri-valley S cers, agents, employees, oth to any and all injury, disabili	onal representatives and next of chool of Dance & Arts of India, er participants, and sponsoring ty, death, or loss or damage to
7.		e fullest extent of the law. s PDF which will contribute to p	progress and student safety.
Par	ent or Participant Sign	ature	Date