



SHAKTI SCHOOL OF BHARATA NATYAM

SSBN Inc.

Student Contact Information

Shakti Students and Families:

Shakti School of Bharata Natyam, SSBN Inc., maintains a student database that is updated annually. Please complete the form below and return it at your next class meeting.

Please let us know if your contact information changes before we collect this information from you next year so that you do not miss any notifications. SSBN Inc. relies on this information to let students and their families know about class schedules, meeting locations, and performance rehearsals.

Thank you in advance for your assistance.

Student Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Parent Names: _____

Studio Location, Class Day, & Time #1: _____

Studio Location, Class Day, & Time #2: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent e-mail Address: _____ Parent Cell Number: _____

Senior Students Only:

Student e-mail Address: _____ Student Cell Number: _____



SHAKTI SCHOOL OF BHARATA NATYAM

SSBN Inc.

Waiver, Release, Hold Harmless, and Indemnification Agreement

Rev 1.003

As Consideration for being accepted as a Participant (student of dance/dancer) and allowed to participate and perform in dance activities including classes, rehearsals, performances, programs and exhibitions the undersigned on his or her behalf and on the behalf of the Participant identified below, acknowledges, appreciates, understands and agrees to the following:

1. I represent that I am the Participant/the parent or legal guardian of the Participant named below.

Participant Name: _____ Date of Birth: _____

2. I acknowledge and understand that there are risks associated with dancing/participating in Shakti School of Bharata Natyam (SSBN Inc.) activities including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.

3. I, for myself and the Participant named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.

4. I agree that the Participant named and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in practice and or program at/or performed under the name of SSBN Inc.

5. I, for myself, the Participant named, our heirs, assigns, representatives and next of kin agree to hold harmless and indemnify the independent owner of this SSBN Inc., the independent facility owner, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.

6. I additionally agree to indemnify the independent owner of this SSBN Inc., the independent facility owner, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.

7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

8. PHOTO RELEASE: I understand from time to time class, activities, programs and performances of participants may be photographed or recorded. By signing this form, I authorize SSBN Inc., to use and publish such photos and recordings taken by SSBN Inc. or a representative thereof for use in promoting classes, programs, performances and general literature regarding SSBN Inc.

Parent (Participant) Name: _____

Parent (Participant) Signature: _____ Date: _____



SHAKTI SCHOOL OF BHARATA NATYAM/SSBN INC.
COVID-19 LIABILITY WAIVER, ASSUMPTION OF RISK, AND RELEASE OF CLAIMS

I represent that I am the Participant (student of dance/dancer)/the parent or legal guardian of the Participant named below.

Participant Name: _____ Date of Birth: _____

I acknowledge that the novel coronavirus, COVID-19, is a highly infectious and potentially life-threatening disease declared by the World Health Organization to be a global pandemic.

I understand that Shakti School of Bharata Natyam (SSBN Inc.) has implemented safety rules and precautions in order to mitigate the spread of COVID-19. These include but are not limited to mask wearing, vaccination for those eligible, hand washing, hand sanitizing, and social distancing. All SSBN Inc. teachers will be vaccinated and wear masks at all times. All Participants will wear masks at all times regardless of vaccination status. However, these measures do not completely protect against the spread of COVID-19. Moreover, it may not always be possible for Participants to follow social distancing and other precautions such as maintaining a six-foot distance from one another.

I agree that the Participant named and I must comply with such rules and precautions. I understand these rules and precautions may need to be adjusted as information about COVID-19 evolves. I acknowledge that even if the Participant named and I follow all directions, instructions, and rules and exercise utmost personal care, there will remain a certain inherent risk to the Participant, me, and others in our household, and I accept that risk.

I agree that if the Participant named is exhibiting symptoms of respiratory illness, a fever of 100.4°F or higher, or any other known symptoms of COVID-19 (as determined by the CDC), the Participant will not attend or return to class until they have satisfied SSBN Inc.'s policy to return after exhibiting symptoms of COVID-19. I agree that I will immediately inform SSBN Inc. if the Participant tests positive for COVID-19 or has been exposed to anyone who has tested positive for COVID-19 in the prior 14 days.

I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SSBN Inc. teachers, employees, volunteers, and other Participants and their families.

I voluntarily assume the risk that the Participant or I may be exposed to or infected by COVID-19 by participating in SSBN Inc. classes and events and that such exposure or infection may result in personal injury, serious illness, permanent disability, and/or even death. I understand and acknowledge that given the unknown and evolving nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19.

To the fullest extent permitted by law, I completely absolve, release, and waive any potential claims the named Participant, Participant's family, or I may have against SSBN Inc., its teachers, employees, agents, and volunteers ("Released Parties") including, but not limited to, claims for personal injury, disability, illness, damage or death from exposure to COVID-19. Also, I agree, on behalf of myself, my personal representatives and heirs, not to make any type of legal or equitable claim arising from my or named Participant's exposure to COVID-19, against the Released Parties, whether or not it arises through the negligence, omission, or default of Released Parties or a Participant. I further agree that if any such claim is made against the Released Parties, I will indemnify and defend the Released Parties with respect to any such claim. Such duty of defense shall arise immediately upon tender.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS OF MYSELF AND NAMED PARTICIPANT, INCLUDING THE RIGHT TO SUE. THIS AGREEMENT SHALL BE BINDING UPON MY HEIRS, ME, MY CHILD, NAMED PARTICIPANT, LEGAL REPRESENTATIVES, AND ASSIGNS, AND SHALL INURE TO THE BENEFIT OF SSBN INC. AND THEIR SUCCESSORS AND ASSIGNS.

Parent (Participant) Name: _____

Parent (Participant) Signature: _____ Date: _____