



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: _____