



SRIYAM

INSTITUTE OF INDIAN DANCE MUSIC AND CULTURE

REGISTRATION AND WAIVER FORM

STUDENT INFORMATION		EMERGENCY CONTACTS	
Name		Primary	
Birth Date		Relationship	
Address		Phone	
City, State, Zip			
Home Phone		Alternate	
Mobile Phone		Relationship	
Parent(s)		Phone	
E-Mail			
BACKGROUND			
How did you hear about us?			
What are your goals in Bharathanatyam/ Dance?			
Prior training in dance, martial arts, yoga, or other physical exercise:			
Prior exposure to Indian dance, culture, or languages:			
MEDICAL			
Medical problems or restrictions:			
Allergies, allergies to medications:			
WAIVER AND RELEASE OF ALL CLAIMS			
<p>As additional consideration for the student's instruction, the undersigned student, parent, or guardian of the student hereby releases and waives any and all claims against SRIYAM and any and all of its owners, operators, officers, agents, volunteers, and representatives for any liability including but not limited to personal and bodily injuries (including death) and loss of or damage to property of the student or persons related to the student which may occur while participating in the activities sponsored by SRIYAM. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition (unless specified above) that would place the student at risk because of his/her condition. The undersigned further acknowledges that the student's instruction involves physical exercise and physical stress that could result in physical injury of the student, that the student's participation is voluntary, and that the undersigned accepts all risks arising there from.</p>			
Date: _____		Signature of Student (if 18 years or older) or Parent/Legal Guardian of Student _____	
VIDEO/PHOTOGRAPHY RELEASE			
<p>The undersigned grants SRIYAM permission to record the participation of the student on video or by photograph and to use it for promotion and literature for SRIYAM and events sponsored by them. Such recordings are the sole property of SRIYAM.</p>			
Date: _____		Signature of Student (if 18 years or older) or Parent/Legal Guardian of Student _____	