

BOLLYBEATZ
Registration & Waiver of Liability Form for 2011

Student Name _____ Birth date _____
If under 18, Parent/Guardian Name: _____
Address: _____
_____ PinCode _____
Phone: _____ Hand Phone: _____
Email: _____ T-Shirt Size _____
Employer/School _____
How did you learn about BollyBeatz(Referral): _____
Any physical ailments that you are suffering from _____
Any surgeries done in the past _____

Emergency Contact Information – Person to be contacted in the event of an emergency

Name: _____
Phone: _____ Relationship: _____

Registration/Payment Policy

- No refunds will be made once a session begins
- An INR 200 cancellation fee applies once payment is made and student wants to cancel one week prior to class start date
- In case the instructor is absent, a substitute will conduct the class.
- No refunds or credits are given for missed class
- Returned check fee is INR 200
- Schedule is subject to change without notice.

Student Release (read , sign and date)

Waiver of liability & Assumption of Risk

I am aware that dance is a physical activity and injury or accident may occur, and I assume the risk connected with the participation in dance and represent that I am in good health and suffer from no physical impairment. I am also responsible for informing the instructor of any physical limitations, which may prevent my full participation in class. I specifically agree that I will not hold BollyBeatz and or any instructor(s) liable for any claim, demand, cause of any action of any kind whatsoever for, or on account of death, personal injuries sustained, property damage or illness contracted by me while a student at BollyBeatz class. I may decline to participate in any activity, which I feel may be harmful. I also acknowledge that I understand that the instructor(s) have varying levels of expertise and haven't been certified as "experts" (or anything else) in any professional manner. I also promise not to use the choreography or similar steps to teach a dance without the permission of the dance instructor.

I also give permission for BollyBeatz to take photos of me to use for purposes of promoting the school. I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date

If student is under 18 , Parent/Guardian Signature

Do you have any Siblings/Children?

Name _____ Age _____

Name _____ Age _____

Do you know of anyone who would like to receive emails about our classes?

Name _____ Age _____ Email _____ HP _____

Name _____ Age _____ Email _____ HP _____