

LIABILITY WAIVER & HOLD HARMLESS AGREEMENT

In Consideration of being allowed to enter the Studio and/or participate in any party and/or program at Bollywood Rhythms Inc. of Naperville, IL, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Bollywood Rhythms Inc. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Bollywood Rhythms Inc employee or official immediately;

I am aware that there are inherent risks associated with participation in Bollywood Rhythms Inc. programs, parties, and/or use of studio, equipment, and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risks and nuisances, both known and unknown, including those that may arise out of the negligence of employees or other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Bollywood Rhythms Inc, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Bollywood Rhythms Inc. programs, activities, parties, the use of the dance area and/or equipment.

I realize this document is a contract and that I have read it thoroughly and understand the terms.

Participant Name: _____

Participant Date of Birth: /_____/_____/_____

Participant Name: _____

Participant Date of Birth: ____/____/_____

Parent/Guardian Printed Name: _____

Address, City, St, Zip:

Emergency Contact Phone#: _____

E-mail: _____

Parent/Guardian Signature: _____ Date: _____