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Taiko Workshop Registration Form

Complete this form and mail to Odaiko New England, 7 Locust Ave. Lexington, MA 02421

Please make check payable to: Odaiko New England

This form *must* be signed by the student or the parent/guardian of minor.

Student's Name: _____ ☐ New Student ☐ Returning Student

Check the appropriate session:

☐ Introductory Taiko Workshop Date: _____

☐ Master Class

Workshop Title & Date: _____

Workshop Title & Date: _____

Workshop Title & Date: _____

Parent's Name(s) (if under 18): _____ DOB (minors): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Allergies or other pertinent medical information: _____

Tuition Amount: _____ Amount Paid: _____ ☐ Cash ☐ Check # _____ Balance: _____

CANCELLATION & REFUND POLICY:

If you must cancel your registration after payment is made, full refund will be made if requested in writing or via email one business day prior to the workshop date. No requests for refunds will be accepted for no-shows on or after the workshop date.

Agreement:

I, _____, do hereby agree that Odaiko New England/Regent Underground Theatre, its owners, officers, agents, supervisors, instructors, employees, successors and assigns may not be held liable in any way for any occurrence in connection with my taiko training program or the use of the facilities or equipment of Odaiko New England/ Regent Underground Theatre which may result in injury, death or other damage to myself. In consideration for being permitted to engage in the taiko training program and the use of the facilities, I hereby release Odaiko New England/Regent Underground Theatre, its owners, officers, agents, supervisors, instructors, employees, successors and assigns from any and all causes of action, debts, controversies, and claims in connection with injuries, death or damage to myself, which I, my heirs, executors, administrators, successors and assigns ever had, now have or hereafter may have. Furthermore, I do personally assume all risks in connection with the aforesaid use, for any harm, injury, damage which may befall me or my personal property whether foreseen or unforeseen, and further save and hold harmless the said corporation and persons from any claims, including but not limited to any claims or liabilities arising out of negligence of the aforesaid corporation, agents, officers, supervisors, instructors, employees, successors and assigns, by me, my family, estate, heirs or assigns. I/my child are physically fit to practice and engage in the physical program connected with taiko training and there is no reason known to me/my child for not participating in these activities. I agree that photographs of me/my child may be used for promotional purposes by Odaiko New England. This agreement shall remain in effect until I have actively ceased any activity with Odaiko New England and have also given 30 days written notification of intent of being released from this waiver. I agree that Odaiko New England has permission to contact me in the future at the above mailing address, phone number and e-mail address. I am willing to be photographed or videographed by Odaiko New England or its contractors either individually, or as part of a group. I further agree that my name may be used to identify me as a subject in any photographs or video of me.

Signature (student): _____ Date: _____

Signature (parent/guardian of minor): _____ Date: _____