

Mu Performing Arts

Taiko Student Information

Date form completed _____

I. BASIC INFORMATION

Name _____

Address _____

City/State/Zip _____

Mailing address (if different) _____

City/State/Zip _____

Phone (please star primary phone contact)

Home _____

Work _____

Cell _____

Email address _____

I do not have an email address/access to email

Preferred method of contact: email phone both

II. EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Phone (please star primary phone contact)

Home _____

Work _____

Cell _____

Email address _____ He/she does not have an email address

III. PERSONAL INFORMATION

Doctor _____ Phone _____

Hospital _____ Phone _____

Medical Insurance: No Yes (specify) _____

Please list any allergies, pre-existing health or physical conditions, current medications:

**Mu Performing Arts
Taiko Program--Liability Waiver**

I, _____, acknowledge that I am applying for instruction in taiko activities involving strenuous exercise. I understand that because of this there is always an inherent risk of injury that cannot be eliminated.

As a condition of being admitted to Mu Performing Arts' taiko classes, I assume the risk of all injuries, losses and damages and do hereby hold Mu Performing Arts, its Officers, its Board of Directors, staff and agents or persons otherwise connected with these classes, harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to injuries, losses or damage suffered by me or caused to a third party by me during my participation, or in any other activities connected with the taiko classes.

For my own training and safety and that of other participants, I agree to conduct myself in a manner consistent with the rules of taiko etiquette and observe common sense safety precautions. I certify that I have read, understand and agree to the conditions of this Liability Release.

Signature: _____ Date _____

Print Name: _____

If the applicant is under eighteen (18) years of age, I, the undersigned, as a parent or guardian of the above applicant, certify that I have read the above waiver and I consent to the applicant's receiving the instruction applied for, and I agree to the provisions of the above waiver for myself and said applicant.

Signature: _____ Date _____

Print Name: _____

Name of Minor: _____

Relationship to Minor: _____