

ODAIKO INTENSIVE 2013

Please fill in the blanks and print legibly

Name: _____
Last First

Address: _____ Phone: _____

_____ Email: _____

Date of Birth: _____ Ethnic Origin: _____
(For grant statistics/organizational use)

Number of years experience drumming: _____

I plan to purchase TaikoBaka Bachi: ____ Yes ____ No T-shirt Size: _____

Special medical considerations/allergies to medicine, food or other health conditions?

Emergency Contact: _____ Phone: _____

Check #: _____

Make check payable to:

_____ \$175 Deposit
_____ \$495 Full Payment, before 11/30
_____ \$525 Full Payment, before 12/14
_____ \$550 Full Payment, after 12/15

Sacramento Taiko Dan/GASSHUKU
PO Box 189338
Sacramento, CA 95818

RELEASE OF LIABILITY

1. I understand that the practice of taiko drumming is a strenuous physical activity, and that some risk of injury is involved during classes, rehearsals and performances.
2. I will not hold Sacramento Taiko Dan, its members, staff or advisers liable for injuries, personal loss, personal damages, property loss or property damage that may occur as a result of my participation in this program.
3. I hereby agree to allow photographs and video images of me to be used in conjunction with grant applications and promotional activities, including but not limited to print and televised media.
4. I have read this document and I have received answers to any questions I might have about this document. I understand what I am signing and consent to these conditions.

Participant's Signature

Date

Parent/Guardian Signature if participant is under 18 years old

Date

Parent/Guardian Printed Name