

Taiko Workshop Participation Form

Name: _____ Family Name: _____

Address: _____

Telephone: _____ E-mail: _____

Workshop date: _____

Conditions for participation:

I, the undersigned, understand that I have registered for a taiko workshop, a physically demanding activity which carries with it a risk of injury. Each workshop will be under the direction of the members of Arashi Daiko.

While considering all instruction received, I understand and accept the risks and responsibilities incurred while practicing taiko on these premises.

I understand and accept all risks and renounce any lawsuit or claim against all third parties involved in this practice of taiko, notably towards the members of the Arashi Daiko group, the group's other students, and the proprietors of the practice hall, the Japanese Canadian Cultural Centre of Montreal.

I have read and understood the present document.

Signature: _____ Date: _____