

ਟੀਕਡਡਾਂਟਕੀ ਆਂਦੀਕਾ ਕਾਠਕ ਰਵਾਨਟਰ



Sunday, October 9 • 2:00pm - 3:30pm

2:00pm - 2:30pm: Dance Performance

2:30pm - 3:30pm: Dance Class

Learn about classical Indian Kathak dance from The Leela Institute. They will be demonstrating and teaching traditional Kathak dances. Must sign a waiver to participate in the dance class. Recommended ages 11-18 for the class.

Register at: <https://libcal.tolibrary.org/event/9683831>



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All programs are subject to change or cancellation without prior notice.

Grant R. Brimhall Library - 1401 E. Janss Road, Thousand Oaks, CA 91362 • 805-449-2660

Newbury Park Library - 2331 Borchard Road, Newbury Park, CA 91320 • 805-498-2139

www.tolibrary.org

Kathak Dance - Sunday, October 9, 2022

Participation Agreement and Release of Liability

I _____ (“Parent”), wish that _____ (“Child”) participate in the dance program (“Program”) provided by the City of Thousand Oaks (“City”) and understand that this agreement is required for Child’s participation in the Program. My signature on this document indicates the following:

I, on my behalf and on behalf of Child, hereby agree to indemnify, defend and save harmless the City, and their elected and appointed officials, officers, employees, agents and volunteers, from any and all loss, liability, damage or cost they may incur due to any claims arising from Child’s presence in, upon or about City premises or facilities or equipment or Child’s participation in Program whether by City’s negligence, my negligence, Child’s negligence, other participants’ negligence, or otherwise.

I understand that Child’s participation in the Program can result in bodily injuries, including but not limited to contusions, cuts, scrapes, head and/or dental injuries, and broken and/or sprained limbs, or death. I, on my behalf and on behalf of Child, hereby assume full responsibility for any risk of bodily injury, death or property damage to myself or Child due to the negligence of City or otherwise, while Child is in, upon or about City premises or facilities or equipment or participating in the Program.

For myself, Child, my heirs, executors, administrators, successors and assigns, I, on my behalf and on behalf of Child, hereby fully release and discharge City from any claim or demands therefore on account of any injury to my or Child’s person or property or resulting in death, whether caused by negligence or otherwise while Child is in, upon or about City premises or facilities or equipment or participating in the Program.

I acknowledge and agree that this release applies to all claims for injuries, damages or losses to my or Child’s person and property, real or personal, whether those injuries, damages, or losses are known or unknown, foreseen or unforeseen, or patent or latent, that I or Child may have against City in connection with the Program, and I hereby waive application of California Civil Code Section 1542.

I certify that I have read the following provisions of California Civil Code Section 1542: “A general release does not extend to claims which the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or releasing party.” And indicate that fact by placing my initials here: _____.

I understand and acknowledge that the significance and consequence of this waiver of California Civil Code Section 1542 is that even if I or Child should eventually suffer damages arising out of Child’s participation in the Program, I will be unable to make any claim for those damages. Furthermore, I acknowledge that I intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release, regardless of whether this lack of knowledge is the result of ignorance, oversight, error, negligence, or any other cause.

In the event of a medical emergency involving Child, City and its agents and employees, are authorized to immediately transport Child to Los Robles Regional Medical Center and initiate any necessary medical care, for which I hold the City harmless.

Parent’s Signature: _____ Date: _____



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