



Waiver Form

I hereby give permission to Kilbil Marathi Shala organizers/teachers that In case of an emergency, to secure proper health care for my son/daughter. Kilbil Marathi Shala and/or Bruhan Maharashtra Mandal of North America the organizers/teachers shall not be held liable or responsible for any accident or sickness. I agree to pay the necessary damage costs incurred by the applicant attending Kilbil Marathi Shala. To the best of my knowledge, all of the information (re name, address, allergies and special needs of the applicant etc.) is true and accurate.

Parent/Guardian Name

Signature

Date