



Educators' Society for Heritage of India

ESHA

A Non-Profit Organization offering resources for students and teachers

A non-profit 501C(3) Organization - Incorporated in New Jersey

Tax ID: 20-1200065

www.ESHAusa.org

CONSENT & WAIVER FORM

Student's Name: _____ Date of Birth: _____ Gender: M / F _____

Parent's/Guardian's Name(s): _____

Address: _____ City _____ State _____ Zip _____

Phone (Home): _____ Phone (Mobile): _____

Parent's/Guardian's Email (s): _____

I/we, the undersigned, state that I/we are the parent(s)/legal guardian(s) of the student named above, and agree that:

1. If my child is found to be disruptive in the Hindi School or any ESHA conducted program by the teacher(s), I accept his/her dismissal from the classroom for the rest of the school year. Classroom teacher and management decision is final and I agree to abide by that decision.
2. I also accept liability for any material damage caused by me, or my child, in any ESHA sponsored program.
3. I accept that there will be no fee refunds, if my child drops out of the program for any reason, or is dismissed.
4. I agree not to hold ESHA or its representatives (Board members, management, staff members, volunteers) responsible for any liability, any bodily injury and illness claims, demands, damages, costs, expense actions and cause of action arising from any act or occurrence while I, or my child, attending any ESHA program, or as a result of any program or activity conducted by ESHA.
5. I understand that while associated with or participating in any ESHA program, I or my child may be photographed, taped, and/or filmed, which may be displayed via any electronic media, not limited to media such as YouTube, to which I consent. I hereby waive all rights to privacy in photographs and videos, and to compensation related to the use of photographs and/or videos.
6. ESHA and Township School District are not responsible for any injury or loss during any ESHA program. ESHA has insurance only for the buildings used at the Public schools or colleges. I agree to compensate ESHA and its representatives for any costs or liabilities they may incur as a result of our or our child's participation in its program.
7. On certain occasions, ESHA may offer food to parents and/or children; however ESHA is not responsible if I or my child has allergy to certain foods. (Please advise your child accordingly.)

I/we fully understand the terms and conditions of the Consent and waiver as stated above and assume full responsibility for our and our child's actions and are willfully entering into this agreement with ESHA.

Signature (Parent/Guardian): _____ Date: _____

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