Lewiston-Porter Community Education Registration Form



First Name:_____ Last Name: _____

Address: _____

City: _____ State/Zipcode: _____

Email Address: _____ (REQUIRED) Contact Phone: _____

Please fill out a separate form for students who are attending a class with an adult/guardian, where applicable. Please submit forms together.

Course Name	Course Date(s)	Course Cost
1.		
2.		
3.		
4.		
5.		
Total Due:		

POLICY, WAIVER AND RELEASE OF ALL CLAIMS

I have read and will abide by the policies of the the Lewiston-Porter CSD Community Education Program. I fully understand the policies and procedures. This agreement is between the mentioned name and signature below and the Lewiston-Porter Central School District (including the Lewiston-Porter Central School District Community Education Program, its Community Education Coordinator, its Community Education instructors, and other related members, agents, authorized guests, and affiliated organizations.) The participant will be participating in the above mentioned Community Education activities and/or classes.

I hereby state that the mentioned name and signature below does not have any ailments or physical condition that would prevent or inhibit them from fully participating in the specified activities and/or classes.I understand that there is a risk of injury inherent in the foregoing community education classes and/or activities. I hereby accept and assume all risks inherent in the specified Community Education classes and/or activities. I undertake this activity at my own risk. I voluntarily assume full responsibility for any losses, property damage, or personal injuries sustained in the specified activities and/or classes. I further agree to hold harmless and indemnify the Lewiston-Porter Central School District from any and all claims, demands, actions and costs that might arise out of participation in the specified activities and/or classes.

In consideration for the opportunity to participate in the Lewiston-Porter Central School District Community Education Program, to the maximum extent permitted by law, I hereby release the Lewiston-Porter CSD, its Board of Education members (in their official and unofficial capacities), its employees, and its volunteers from any and all liability, claims, costs, expenses, attorney fees, demands, actions, and causes of action, whatsoever, arising out of or related to any losses, damages, or injuries (including death) that may be sustained during participation in the Lewiston-Porter Central School District Community Education Program or while on the premises of where the classes and/or activities are conducted.

I further agree that the Lewiston-Porter Central School District will not be liable to me for any damages, losses, personal injury or property damage, caused by or resulting from any cause whatsoever, including but not limited to the negligence of the Lewiston-Porter Central School District, the Lewiston Porter Central School District Community Education Program, its Community Education Coordinator, its Community Education instructors, or other related members, agents, authorized guests, or affiliated organizations.

Printed Name of Participant: _____ Address: _____

Signature: _____ Date:_____

Please mail your check/money order to Lewiston-Porter CSD Community Education, 4061 Creek Road, Youngstown, NY 14174