



LAUREL COMMUNITY EDUCATION CLASSES REGISTRATION FORM

I would like to register for the following classes:

Class Name _____ Fee \$ _____ Paid ____ Ck# _____

Class Name _____ Fee \$ _____ Paid ____ Ck# _____

Class Name _____ Fee \$ _____ Paid ____ Ck# _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Emergency Contact Name _____ Phone (_____) _____

Consent Form: I certify that the participant's present level of physical condition is consistent with demands of active participation in this program. I agree to forever release, discharge, and covenant not to sue the Laurel Public Schools/Laurel Community Education for liability from any and all lost or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the Laurel Schools/ Community Education. I will indemnify and hold the Laurel Public Schools/Laurel Community Education harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct Laurel Public Schools/Community Education programs and I do further release, absolve, indemnify, and hold harmless the Laurel Public School/Laurel Community Education the organizers, sponsors, supervisors, volunteers, and officials of any or all of the supervisors appointed by them. I also acknowledge that participants may be photographed, videoed and recorded providing opportunity for Laurel Public Schools/Laurel Community Education promotions.

Signature _____ Date _____

Print name _____