

Continuing Education Registration Form

Please return to:

Wayland-Cohocton CSD

Attn: DeeDee Kuhn

2350 Rte 63

Wayland, NY 14572

Name: _____

Address: _____

Phone Number: _____ (for cancellations/change in locations)

Course title you would like to register for:

1. _____ Fee _____

2. _____ Fee _____

3. _____ Fee _____

Total enclosed _____

Please read and complete the information below:

HOLD HARMLESS AGREEMENT FOR WAYLAND-COHOCTON SCHOOL

In consideration of my participation in the continuing education program of the Wayland-Cohocton School District, I _____, (the participant) hereby agree that the District shall not be liable for any damages arising from personal injury or property damage sustained by me in, on or about the District premises result from or arising out of the use or intended use of the District facilities or equipment. I agree to assume full responsibility for any injuries which may occur to me on or about the District's premises, or while using or intending to use District's equipment, including but without limitation to any claims for personal injury or property damage while resulting from or arising out of the negligence of the District, its agents or employees, or the negligence of the District, its agents or employees, or the negligence of any persons on the District's premises.

Participant's or Guardian's Signature: _____

Printed Name: _____ Date _____

District Representative's Signature: _____

Printed Name: _____ Date _____