

Registration & Liability Form

Register online at kenstoncommunityed.org **OR** by calling Kenston Community Education at (440) 543-2552 **OR** mail registration below to 17425 Snyder Road, Chagrin Falls Ohio 44023

Please Print

Payee Name _____ Email Address _____

Address _____ City, Zip _____

Home Phone _____ Other Phone _____

<u>Participant Name</u>	<u>Age</u>	<u>Gender</u>	<u>Grade</u>	<u>Course Number & Session</u>	<u>Fee</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cash _____ Check # _____ Credit Card # _____ Exp Date _____

I understand the fees DO NOT include accident or personal insurance and NO liability is assumed by Kenston Community Education / Kenston Schools in the event of an accident or loss of property at any sites where programs are held.

Parent/Guardian Signature _____ Date _____

Release of Liability Medical Treatment Consent

In consideration of the Auburn Bainbridge Recreation Board (AKA: Kenston Community Education; KCE) providing sponsorship and /or providing facilities for this program and /or Kenston Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify KCE and/or the Board and their employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injuries or property damage sustained or caused by me or my ward while participating in any program offered by KCE. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's, personal physician.

Signature of Participant or Minor's Parent/Legal Guardian

Date

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for myself and/or my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, agents or representatives of KCE, and further agree to assume all expenses for said treatment.

Signature of Participant or Minor's Parent/Legal Guardian

Date