



Participant Name, D.O.B, Gender Male, Female, Waukeee Community School District Resident? Yes, No, Address, City, State/Zip, Phone (day), (evening), (cell), Email, School and Grade, Guardian Name, T-shirt Size (if applicable), Special Accommodations/Allergies/Health Concerns? Yes, No, If yes, please specify

How did you hear about us? Program Guide, Newspaper, Website, Friend, Flier, Email, Other, Method of Payment MasterCard, VISA, Discover, Check(No.) Checks payable to Waukeee Community School District, Name on Card, Card Number, Exp. Date, Signature

Table with 5 columns: Program Name, Program Code, Dates, Time(s), Fee

*Waukeee Community Education reserves the right to utilize photos and the names of participants for publicity purposes. Participants desiring their names/photograph not to be used for publicity must notify Waukeee Community Education in writing at the time of registration.

CONSENT AND RELEASE FORM

I am aware that my or my child's participation in Waukeee Community Education programing is completely voluntary and that I, or my child, may cease participation in the program at any time. I also understand that I, or my child, may be removed from participation in the program at any time, at the discretion of Waukeee Community School District, for failure to follow district policies, rules or procedures with regard to the program participation.

I understand that participation in Waukeee Community Education may expose me, or my child, to some risk. Understanding that certain dangers and risks are associated with participation in the program and in consideration of my or my child's desire to participate in the program, I agree to participate in Waukeee Community Education or grant permission for my child to take part in this program.

I authorize designated program personnel and staff to exercise necessary authority to protect, render medical attention, discipline, and control me, or my child, as they may deem necessary. My permission is also given for me, or my child, to receive emergency medical treatment in case of injury or illness. I further understand that the district does NOT carry health/accident insurance to cover participants in the program and, thus, I am responsible for any medical expenses not covered by my, or my child's, insurance policy.

Understanding the potential risks involved in my, or my child's, participation in the program, I, acting for myself, my heirs and assigns, do hereby release, absolve and forever discharge the Waukeee Community School District, its Board of Education, officers, employees, representatives, agents and chaperones, individually and collectively from, and agree to hold them harmless against, any and all liability, including claims at law or in equity, for any accident or injury, fatal or otherwise or for any property loss or damage which may result from my, or my child's, participation in the program.

Participant Signature (REQUIRED), Parent/Guardian Signature (if participant is under 18 years of age)