

# Adult Education Registration Form

Naples Central School District -136 N. Main St, Naples, NY 14512

Attention Adult Education Instructor: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Attending Class

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Full Address Including City and Zip Code

COURSE TITLE YOU WOULD LIKE TO REGISTER FOR (PLEASE SPECIFY TIME AND DATE OF COURSE)

COURSE TITLE

DATE/TIME

COST

_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL ENCLOSED**

\$ \_\_\_\_\_

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## HOLD HARMLESS AGREEMENT

In consideration of my participation in the Adult Education program of the Naples Central School District ("The District"), I \_\_\_\_\_ ("The Participant") hereby agree that the District shall not be liable for any damages arising from personal injury or property damages sustained by me in, on, or about the district premises resulting 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 in or about the District's premises or while using or intending to use the District's equipment, including, but without limitation, any claims for personal injury or property damage resulting from or arising out of the negligence of the District, its agents or employees, or the negligence of any other person present on the District's premises.

Participant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS REGISTRATION FORM WITH PAYMENT DIRECTLY TO YOUR INSTRUCTOR OR TO THE ADDRESS ON THE TOP OF THIS FORM PRIOR TO THE BEGINNING OF CLASSES. CHECKS SHOULD BE MADE OUT DIRECTLY TO YOUR INSTRUCTOR.**