

Converse County School District No. 2
Community Education
Post Office Box 1300 120 Boxelder Trail
Glenrock, Wyoming 82637
307-436-5331

Name of Class: _____ Cost \$ _____
Due at Registration

Legal Name: First _____ M.I. _____ Last _____

Mailing Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Home Business _____ Email Address _____

Alternate Phone # _____ Cell Home Business _____ If you have a cell phone can the instructor text you?
Yes No

How did you hear about this class?
Community Education Brochure Newspaper Social Media (i.e. Facebook, Twitter)
Friend CCSD#2 Website Other _____

Registration Deadline: Unless otherwise noted, registration is ongoing until the class fills or begins. Class sizes are limited and registration is on a first-come, first-served basis. Registrations are not complete until payment is received.

Cancellations: Occasionally classes are cancelled due to insufficient registration or unforeseen circumstances. All fees will be refunded if class is cancelled.

Refund Policy: If you want to cancel your registration, notification is required at least two business days prior to the start of class or the registration deadline, whichever is first. Failure to attend is NOT a cancellation. If you have questions, please contact Lisa Shadrick at 307-436-7555.

WAIVER AND RELEASE OF LIABILITY

I have elected to voluntarily enroll myself or my child/ward in the above Converse County School District No. 2 community education class. The undersigned acknowledges that there may be risks associated with participation in this class and agrees to be solely responsible for all risks in any way associated with this class, including transportation to and from this class. The undersigned does further agree to release Converse County School District No. 2, its board of trustees, agents, representatives, employees (including contracted instructors), and insurers ("Releasees"), from any and all liability of any kind for both personal injuries and property damage in any way arising out of participation in the above-referenced class and/or transportation to or from the class or associated with the class. This release is intended to be construed liberally to bar any and all claims, and should it be necessary for Releasees to assert this release as a defense to any such claims, Releasees shall be entitled to recover all costs, expenses and attorney fees incurred in defending such claims. The undersigned acknowledges that the undersigned will be solely responsible for paying any and all damages, medical bills or expenses in any way associated with any injuries or property damages arising out of participation in the above-referenced class, and that Releasees have no obligation to pay for any such injuries or damages. The undersigned having read the above Release of Liability and acknowledging that he/she understands that by executing this Release the undersigned is releasing the undersigned's right to assert a claim against Releasees, does hereby, of his/her own free will, agree to execute this Release of Liability.

Dated _____ Participant/Guardian Signature _____

Cash Amount \$ _____
Check Amount \$ _____ Check # _____