



SCHOOL DISTRICT OF KETTLE MORAINÉ
COMMUNITY EDUCATION
349 N. Oak Crest Drive
WALES WI 53183
(262)968-6273 x5326 Fax (262)968-6217

KM COMMUNITY EDUCATION COURSE/PROGRAM REGISTRATION

Name _____ Grade _____ Age _____

Address _____ City _____

Zip _____ Phone _____

Email _____

Course Name _____ Course Date _____

Course Time _____ Course Location _____

Course fee _____

Emergency contact _____ Phone _____

I understand that participation in this activity could result in injury or death and hereby agree to indemnify and hold harmless the School District of Kettle Moraine, its board members, employees, officials, officers, agents, or agents' employees from all loss, damages, liability or claims arising out of participation in the KM Community Education operations. I also agree to respond to and cooperate with any defense of investigation and claim or alleged claim made against the School District of Kettle Moraine, its board members, employees, officials, officers, agents or agents' employees, arising out of my participation. The School District of Kettle Moraine shall have the right to approve any legal counsel selected to defend the School District of Kettle Moraine in such a claim or alleged claim. EMERGENCY HEALTH INFORMATION: It is the parent/guardian responsibility to advise the Community Education Staff of any medical condition that could become an emergency situation.

_____ Yes, class participant can be photographed for publication

_____ No, class participant cannot be photographed for publication

Date _____ Signature _____