



H.O.P.E.
763-241-3520
www.728communityed.com

Participant LAST NAME _____ FIRST NAME _____

Home address _____ City/Zip _____

Home phone _____ Daytime phone _____

Contact person _____ Staff/Family Member attending: _____

(NOTE: There are different fees and course numbers for assistants.)

Any special needs? _____

WAIVER FORM -- must be signed by parent or guardian and submitted with registration

I, as the parent or guardian, hereby certify that the participant specified herein is in satisfactory condition to be participating in the activity for which he/she is registered. I understand that there are inherent risks associated with these activities and that not all risks can be prevented. If I am unsure of the content of the program that I have selected, I will inquire for further information from Community Education prior to participation. If I am unsure of the participant's ability to participate, I will seek the advice of a physician or qualified medical professional prior to allowing him/her to participate. I understand that if attending alone, the participant is able to function independently in a group setting, follow simple directions, and communicate his/her needs. If personal care assistance is needed, I will arrange for assistance in advance. I understand that the District cannot be held responsible for unforeseen circumstances or events that may occur during the activity time. I agree that the ISD 728 Community Education staff will use their best judgment and training in providing a safe experience for all of the participants. I understand that if emergency medical treatment is determined to be necessary by the staff and I am unable to be contacted, the staff will proceed with securing such emergency care, including hospitalization, as may be deemed necessary under the circumstances.

I, the undersigned, am the parent or guardian of the above named participant. I give him/her permission to participate in the activities I have selected, sponsored by District 728 Community Education. I assume full responsibility for myself and my son/daughter for any accidents, risks and hazards incidental to such participation, including transportation to and from said program and/or if I am transporting myself and/or the participant(s) to off-site activities. ISD 728 Community Education and its agents, volunteers, organizers and supervisors shall in no way be liable to me, my son/daughter, the executor or administrator for any damages or redress in any form for any injury caused or sustained by my son/daughter except for willful negligence. I hereby release, absolve, and agree to hold harmless District 728 Community Education and its agents, volunteers, organizers and supervisors from any liability from any accident or injury to my son/daughter while participating in such activity.

Name _____ Signature _____ Date _____

Please select your age range: Under Age 25 Age 25 and Over

To Register:

1. Please complete and sign waiver above.
2. On the back side of this form indicate classes/outings you plan to attend.
3. Attach payment or complete credit card information.
4. Submit register:

In person or mail to: Community Education, 1170 Main Street, Elk River, MN 55330

Charge by Phone: 763-241-3520

Charge by Fax: 763-241-3521

Charge Online: www.728communityed.com

Registration form on back ➡

