

ICHABOD CRANE CENTRAL SCHOOL DISTRICT

Adult Education Registration

Please make checks, payable to: "Ichabod Crane Central School"

Send to: Ichabod Crane Adult Education, 2910 Route 9, Box 820, Valatie, New York 12184

Student Information (please print clearly)

Name	
Address	
City, State ZIP	
Telephone(s)(home/business/cell)	
E-Mail	

Course Information

Class or Activity	
Fee	
Day and Time	

SCHOOL CLOSING: Adult Ed will be closed on evenings when the regular day school is closed or after school activities have been canceled. In the event of sudden storms, call 758-7575 and press 2 for "Emergency Closings."

HOLD HARMLESS AGREEMENT

In consideration of my participation in the adult educational program of the Ichabod Crane 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 damage 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 persons present on the District's premises.

Participant's Name (Please Print) _____

Participant's Signature and Date _____