

Ichabod Crane Central School District

**Adult Education Registration**

**Please make checks, payable to:** "Ichabod Crane Central School District or ICC"

**Send to:** Ichabod Crane Adult Education, 2910 Route 9, Box 820, Valatie, NY 12184

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Course Information**

Class or Activity \_\_\_\_\_

Session            Fall                      Winter                      Both

Day and Time \_\_\_\_\_

**SCHOOL CLOSING:** Adult Education will be closed on evenings when the district is closed or after-school activities are canceled (such as for inclement weather). Please check the district's website for information about 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 \_\_\_\_\_