

**LEWISTON-PORTER COMMUNITY EDUCATION  
FALL 2024 REGISTRATION FORM**

# Registration

**Please Print**

First Name:	Last Name:	
Street Address:		
City:	State:	Zip:
Student Email:	Contact Phone:	

**\*\* Please fill out a separate form for students who are attending a class with an adult/guardian, where applicable. Please submit forms together.**

**By Mail: Please Mail your check or money order to: Lewiston-Porter CSD Community Education Dept., 4061 Creek Rd., Youngstown, NY 14174  
Online: Visit <https://lew-port.coursestorm.com/> or [lew-port.coursestorm.com](https://lew-port.coursestorm.com) to register online. \*Please note that service fees apply.**

Course Name	Date Course Begins	Class Fee	Total
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
Please include your payment made payable to: <b>Lewiston-Porter CSD</b>			<b>Total Due</b> \$

I have read and will abide by the policies of the Lewiston-Porter CSD Community Education Program. I fully understand the policies, procedures and deadlines outlined on page 18. I also acknowledge that I am 18 years old or more.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS**

This agreement is between \_\_\_\_\_ and the Lewiston-Porter Central School District (including the Lewiston-Porter Central School District Community Education Program, its Community Education Coordinator, its Community Education instructors, and other related members, agents, authorized guests, and affiliated organizations.)

The participant will be participating in the following Community Education activities and/or classes: \_\_\_\_\_

I hereby state that \_\_\_\_\_ does not have any ailments or physical condition that would prevent or inhibit me/him/her from fully participating in the specified activities and/or classes. I understand that there is a risk of injury inherent in the foregoing community education classes and/or activities. I hereby accept and assume all risks inherent in the specified Community Education classes and/or activities. I undertake this activity at my own risk. I voluntarily assume full responsibility for any losses, property damage, or personal injuries sustained in the specified activities and/or classes. I further agree to hold harmless and indemnify the Lewiston-Porter Central School District from any and all claims, demands, actions and costs that might arise out of participation in the specified activities and/or classes.

In consideration for the opportunity to participate in the Lewiston-Porter Central School District Community Education Program, to the maximum extent permitted by law, I hereby release the Lewiston-Porter Central School District, its Board of Education members (in their official and unofficial capacities), its employees, and its volunteers from any and all liability, claims, costs, expenses, attorney fees, demands, actions, and causes of action, whatsoever, arising out of or related to any losses, damages, or injuries (including death) that may be sustained during participation in the Lewiston-Porter Central School District Community Education Program or while on the premises of where the classes and/or activities are conducted.

I further agree that the Lewiston-porter Central School District will not be liable to me for any damages, losses, personal injury or property damage, caused by or resulting from any cause whatsoever, including but not limited to the negligence of the Lewiston-Porter Central School District, the Lewiston Porter Central School District Community Education Program, its Community Education Coordinator, its Community Education instructors, or other related members, agents, authorized guests, or affiliated organizations.

Printed Name of Participant \_\_\_\_\_

Signature \_\_\_\_\_

(If participant is under the age of 18 years, parents/guardian's signature name)

Address \_\_\_\_\_

PhoneNumber \_\_\_\_\_ Date \_\_\_\_\_