Autumn 2018 REGISTRATION FORM | Lexington Community Education Last Name ______ First Name ______ Town or City ______ ZIP _____ _____ Work Phone__ Home Phone ____ ______ Birthdate (seniors only) _____ E-Mail___ Name of Class Course Code** Start Date Amount **Each course code is listed with each course title. Thank you. NO CONFIRMATION WILL BE SENT! Total* *Write one check for the TOTAL amount and mail to: Lexington Community Education, 146 Maple St., Lexington, MA 02420 ¹V-code is the last 3 digits of the number above your signature on the back of your card. Please charge the following credit card □ VISA ☐ MasterCard Amount to charge: \$_ FOR OFFICE USE ONLY: Account Number Expiration Date REC'D ENTERED Name as it appears on card Signature Lexington Community Education, 146 Maple Street, Lexington, MA 02420 **GENERAL RELEASE AND WAIVER OF LIABILITY** 2018-2019 Academic Year September 1, 2018 - June 30, 2019 BEFORE commencing any Lexington Community Education program. If there is any doubt about starting any program, a participant is strongly advised

Participants in Lexington Community Education classes are expected to have a good understanding of their overall health and any health problems to check with their healthcare provider before beginning the program.

I acknowledge that I will not seek to have the Town of Lexington, its officers, boards, departments, committees, staff, volunteers, agents and employees (collectively, the "Releasees"), held liable in the event of any personal injury, death or property damage arising out of or related to my participation in Lexington Community Education Classes, whether caused by the negligence of the Releasees or otherwise. I hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to my participation in Lexington Community Education Classes whether caused by the negligence of the Releasees or otherwise. I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Student Name	Student Signature	Date
(As appropriate) Parent/Guardian Name	Parent/Guardian Signature	Date