

TRURO CENTRAL SCHOOL COMMUNITY EDUCATION REGISTRATION

NAME: _____

MAILING ADDRESS: _____

PHONE # _____ CELL# _____

EMAIL # _____

COURSE TITLE: _____

****MAKE CHECKS PAYABLE TO: TRURO COMMUNITY EDUCATION**
**** Mailing Address: PO Box 2029, Truro, MA 02666-2029**

Community Education Consent and Release Form

I, the undersigned do agreed to forever release the Town of Truro, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in Adult Education programs of the Truro Public Schools (“the Releasees”) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries or property damage resulting from my participation in Truro Public School’s Adult Education program.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or property damage resulting from my participation in the Truro Public School’s Adult Education programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in these programs is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Truro Public School’s Adult Education programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I may suffer in Truro Public School’s Adult Education programs.

Signed:

Date:

