

New Trier Extension Program Registration Form

www.newtrierextension.org

NEW TRIER EXTENSION. 7 Happ Rd., Northfield, IL 60093
PHONE: (847) 446-6600 FAX: (847) 446-6614

Family Last Name: _____
 Address: _____
 City: _____ Zip: _____
 Contact #: _____
 E-mail: _____
 [For NTX use only, will not be given out]

PAYMENT INFO

Cash
 Check
 Credit Card
Visa | MasterCard | Discover

Account #: _____ - _____ - _____ - _____

Exp. Date: ____ / ____ Total Enclosed: \$ _____

Authorized Signature: _____

Print Cardholder's Name: _____

SAVE TIME AND REGISTER ONLINE AT
www.newtrierextension.org

Course Number	Course name	Registrant's First Name	Birthdate	Fee
TOTAL				\$

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK SIGNATURE (please read below)
SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN: _____
PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver. **DATE**

EMERGENCY CONTACT: Name: _____ **Phone:** _____
(Required)

New Trier Extension Waiver, Hold Harmless, and Indemnification Terms

I recognize and acknowledge that there are certain risks of physical injury to participants in the course or courses identified this registration form (the "Course"), and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I or my minor child/ward sustain as a result of participation.

I release and discharge New Trier Township High School District No. 203, the New Trier Extension Program, including the Board of Education, its members, employees, agents, and volunteers ("New Trier High School") from any and all claims from injuries, including death, damages, or losses which I or my child/ward may have or which may accrue on account of participation in the Course.

I further agree to indemnify, hold harmless, and defend New Trier High School from any and all claims resulting from injuries, including death, damages, and losses that I or my child/ward sustain arising out of, connected with, or in any way associated with the activities of the Course. It is my express intent that this waiver and release shall bind the members of my family, spouse, heirs, assigns, and personal representatives and shall be deemed as a release, waiver, discharge, and covenant not to sue New Trier High School.

In the event of an emergency, I authorize New Trier High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my child/ward's immediate care and agree that I or my child/ward's will be responsible for payment of any and all medical services rendered.

I have read and understand the registration form, including the warning of risk, assumption of risk and waiver and release of all claims. If any term, covenant, condition, or provision of this registration form is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

MAIL: Check payable to "NTX" to 7 Happ Road. Northfield, IL 60093. FAX: this form with credit card to (847) 446-6614.