CLASS Registration Form

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Course Title	Dates	Fee

Total _____

Method of payment

☐ Check (Payable to Salina Public Library)

☐ Cash

☐ I authorize the use of my credit card*:

_____

Card Number CVV Exp. Date

**Charge will appear on your statement as "BT Salina"*

Liability release information

This release is for any and all liability for personal injuries and property losses or damage occasioned by, or in connection with, this CLASS event. The undersigned agrees to abide by all rules and regulations set forth by Salina Public Library and/or its affiliate groups and vendors throughout the CLASS activity.

In the event that the individual(s) registered in any CLASS sponsored program(s) is in need of treatment at any emergency room or medical care facility, the participant's instructor, or any employee of Salina Public Library and/or other sponsoring agencies, has my consent to authorize my treatment for the participant(s) by the doctor(s) of their choosing as the doctor(s) may deem necessary.

I, the undersigned, do hereby acknowledge that I have granted permission for me/my child to participate in any and all CLASS program(s) with full knowledge of the risks involved and I hereby agree to assume those risks and to hold Salina Public Library, other sponsoring agencies and all of their representatives free from liability for any injury, harm, or complication resulting from said participation in any and all program(s).

Furthermore, I do understand that accident insurance is not provided by Salina Public Library and/or other sponsoring agencies, and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by me and/or my child while participating in said program(s).

I also acknowledge that Salina Public Library may take photographs of me/my child while participating in CLASS activities and I grant permission for the library to use said photographs for the purpose of promoting and informing the community about CLASS activities.

_____

Signature *I have read and agree to all CLASS policies.* Date