

# Wilmot High School Community Outreach Waiver Form

Attention Community Outreach: 11112-308<sup>th</sup> Avenue, Wilmot WI 53192

Phone: 262-862-2351 Ext 318 Fax: 262-862-6929

Please complete a **separate form** for each participant.

Participant's Name _____	Birthdate _____ (Required for Youth)
Address _____	City _____ Zip _____
Day Phone: _____	Evening Phone _____ Cell: _____
Adult's e-mail _____	Gender: _____ Male _____ Female

Course Title	Dates	Time	Fee

**Make checks payable to: Wilmot High School**

**Liability Waiver**

I, (or as Parent/Guardian of the above named child/children), assume all risks and hazards incidental to me (and/or my child's/children's) participation in these Community Education programs and camps including transportation to and from these activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the Community Outreach Program, Wilmot Union High School District, their officials, supervisors, coaches, and participants to any claims and damages as a result of my (and/or my child's/ children's) participation. I understand that this waiver is valid anytime I (or my child/children) participate in a Community Outreach Program sponsored program, activity, or event (or until my child/children reaches the age of 18).

Occasionally participants will be photographed and/or videotaped for promotional purposes. If you do not wish to be included in the promotion please notify the Community Outreach Program.

Parent/Guardian/ Participant Signature \_\_\_\_\_

**Register By Mail or Walk-In:**

Mail or drop off your registration form with cash or check payment to:

Wilmot Union High School  
 Attention: Community Outreach  
 PO Box 8  
 11112-308<sup>th</sup> Avenue  
 Wilmot WI 53192-0008