

Wilmot High School Community Outreach Waiver Form

Attention Community Outreach: 11112-308th Avenue, PO Box 8 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: _____	Gender: M / F / O (Required for Youth)
Address: _____	City: _____	Zip: _____
Cell: _____	Other: _____	Email: _____
Emergency Contact: _____	Phone: _____	

Course Title	Dates	Time	Fee

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:

Make checks payable to: Wilmot High School

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

Wilmot Union High School

Attention: Community Outreach

PO Box 8

11112-308th Avenue

Wilmot WI 53192-0008