



MOSINEE COMMUNITY EDUCATION

1000 High Street • Mosinee, Wisconsin 54455 • (715) 693-2550 Ext. 3696

COURSE REGISTRATION FORM

(Please Print)

Name: _____
Last First MI

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ (H) Phone: _____ (W) Phone: _____

Course Title	Day	Time	Start Date	Location	Fee
Total:					

RELEASE AND CONSENT

Students of Mosinee Community Education courses are required to sign this form releasing the Mosinee School District from liability for injury or loss directly or indirectly to classes in which they teach. Each student is expected to procure their own personal insurance coverage or to otherwise be responsible for any injury or loss.

The undersigned hereby agrees to release the Mosinee School District and all of its trustees, instructors, agents, contractors, and/or employees from any and all liability or claim for loss or damage including costs, expenses, and attorney fees arising from any actual or alleged property damage or loss or any personal injury including death, directly or indirectly arising from any activities which are undertaken from:

Signature: _____ Date: _____

MAIL TO: MOSINEE COMMUNITY EDUCATION • 1000 HIGH STREET • MOSINEE, WISCONSIN 54455