COUNTY FREE CLASS PROGRAM REGISTRATION FORM

Return Complete Form to Cameron Ahrens, OFM

(PRINT) Participant's Name	Dept.	Age	Emp. #	Class Title	Class Date	Class Day	Class Time

Please keep a record of dates and times of classes you have enrolled in; confirmations are not sent.

The Johnson County Public Health Department is committed to making reasonable accommodations as required by the **Americans With Disabilities Act**.
Requests must be made two weeks or ten working days prior to the start of the program. Please indicate what accommodations are needed: _____
_____
_____
_____
_____

WAIVER STATEMENT:

"The undersigned states that he/she understand that Johnson County Public Health is not and shall not be responsible for or liable for any illness or injury to person or participant is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Johnson County Public Health Department, its employees, agents, and representatives from any and all claims of any kind that the participant, or the undersigned, or the respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the Johnson County Public Health to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof."

I Have Read and Understand The Waiver Statement; Registration Invalid Without Signature.

X_____ (_____)_____ (_____)_____
Signature | Home Phone # | Work Phone #

Mailing Address:_____
Street | Apt. # | City | State | Zip

Previous Address:_____
Street | Apt. # | City | State | Zip