



## Special Interest Registration Form

Return by mail to Copiah-Lincoln Community College, Continuing Education, 11 Co-Lin Circle, Natchez MS 39120, or bring your form to the Willie Mae Dunn Library located in the Tom Reed Academic Building. If you have any questions, please call (601)-446-1103 or Email at [kimberly.grover@colin.edu](mailto:kimberly.grover@colin.edu)

**NO REGISTRATION IS COMPLETE UNTIL CLASS FEE IS PAID.**

**Courses must meet a minimum requirement of participants to prevent cancellation.**

**Refunds will be issued in the event of cancellation.**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred method of contact for future Special Interest news? \_\_\_ Mail \_\_\_ Email

Place of Employment \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_

**Payment Method:**

Check \_\_\_ Cash \_\_\_ Card \_\_\_ Amount \_\_\_\_\_

If you would like to pay your registration fee by credit card, please call 601-446-1104.

**Name of course in which you are enrolling:**

Course1 \_\_\_\_\_

Course 2 \_\_\_\_\_

Course 3 \_\_\_\_\_

Course 4 \_\_\_\_\_

Have you ever enrolled in a Special Interest Course? \_\_\_\_\_ Yes \_\_\_\_\_ NO



## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS CLASS AT COPIAH-LINCOLN COMMUNITY COLLEGE.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Co-Lin, its sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my registration and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Copiah-Lincoln Community College and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, instructors, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Co-Lin and their directors, officers, volunteers, representatives, and instructors are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, instructors, and/or producers of the activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name  
(Please print legibly)

\_\_\_\_\_  
Age



## PLEASE READ AND SIGN

### Photography Release Form

I (printed name), \_\_\_\_\_ give permission to be photographed (by Copiah-Lincoln Community College and or local media) during any all-Special Interest programs. I understand the photographs may be used for news stories, publicity, and promotion and that no compensation will be made to me or any of my family members.

\_\_\_\_I give only Copiah Lincoln Community College permission to photograph me during all Special Interest programs.

\_\_\_\_I give Copiah Lincoln Community College and local media permission to photograph me during Special Interest programs.

\_\_\_\_No, I do not give Copiah Lincoln Community College permission to photograph me during any Special Interest programs.

\_\_\_\_No, I do not give Copiah Lincoln Community College and local media permission to photograph me during any Special Interest programs

Name (sign):

\_\_\_\_\_

Date: \_\_\_\_\_