

NORTHERN NEW MEXICO COLLEGE



CONTINUING EDUCATION REGISTRATION FORM

Registration is not valid until all fees are paid. Please complete all areas of form in print or type.

NAME (LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS (STREET/P.O. BOX) CITY STATE ZIP

PRIMARY PHONE OTHER PHONE EMAIL

✓ Campus

COURSE TITLE	El Rito	Española	FEE

EMERGENCY CONTACT

NAME RELATIONSHIP

PHONE ALTERNATE PHONE

STUDENT INFORMATION

NAME (LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS (STREET/P.O. BOX) CITY STATE ZIP

PRIMARY PHONE EMAIL

PAYMENT

Cash MasterCard Total Amount \$ _____

Check # _____ Visa Cashier Receipt # _____

Make checks payable to "NNMC-CE" Discover CE/CS Receipt # _____

CREDIT CARD # EXP. DATE

SIGNED BY DATE

FOR MORE INFORMATION:

■ Cecilia Romero (505) 747-5477 / (575) 581-4117 or cromero@nnmc.edu

Office hours: Mon-Fri, 8 am - 5 pm

How would you like to be notified of class registration? Mail Phone Email Fax

NORTHERN NEW MEXICO COLLEGE
CONTINUING EDUCATION LIABILITY RELEASE/WAIVER

PARTICIPANT'S NAME: _____

REGISTRATION NUMBER: _____

In consideration of being permitted to participate in any class, exercise or activities of Northern New Mexico College Continuing Education & Workforce Development (NNMC-CE & WFD), I acknowledge and agree, on behalf of myself and my heirs, assigns, children, personal representatives and next of kin (collectively, the "Participants") to assume any and all risks involved in or arising from the class, exercise, activity or use of the facilities involved in the lesson or excursion. Participant agrees that the risk incurred could include but not be limited to death, bodily injury, property damage, falls, kicks, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care or the negligence or deliberate act of another person.

Participant agrees to hold NNMC-CE & WFD and all of its successors, assigns, subsidiaries, affiliates, officers, directors, managers, employees and agents completely harmless and not liable and release them from all liability whether now known or unknown, anticipated or unanticipated, direct or indirect, fixed or contingent and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses arising out of participants use or presence upon NNMC-CE & WFD property and facilities, including without limitation those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton negligence of NNMC-CE & WFD.

Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.

Participant agrees to indemnify and defend NNMC-CE & WFD against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from the rider's use of or presence upon the manager's property and facilities.

Participant agrees to abide by all of NNMC-CE & WFD rules and regulations.

I certify that each Participant is in good health and is able to participate in all activities. If any attention is required for illness or injury to any Participant, I give my permission to a staff member for such care.

MEDIA RELEASE

Each Participant gives consent to be photographed, videotaped, or filmed while participating in activities and for the resulting images to be used by NNMC for promotional or other purposes.

The undersigned has read this liability release, waiver and discharge, fully understands its terms, understands that the undersigned has waived substantial rights by signing it, and signs it freely and voluntarily without inducement.

PARTICIPANT'S SIGNATURE: _____

FOR PARTICIPANTS OF MINORITY AGE (Under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for the Participant named below, do consent and agree that the foregoing Liability Release, Waiver and Discharge applies to myself and any other Participant under the age of 18 years at the time of registration for which I have legal responsibility.

NAME OF MINOR: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____