



Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: Male  Female

\_\_\_\_\_ Month / Day / Year

Semester: **Summer 2021**

**The information collected in this section is used to comply with federal and state reporting requirements.**

**Ethnicity:**  
 Hispanic or Latino Ethnicity  Yes  No

**Race: (Select all that Apply)**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**Primary Race/Ethnic Group: (Select One)**  
 American Indian or Alaska native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 Choose Not to Respond

Class Title	Course Prefix	Course Number	Section	Cost
<b>Total Cost</b>				

Questions Call 618-545-3255  
 Send registration form along with payment to:  
 Kaskaskia College  
 Industrial and Continuing Education Office  
 27210 College Road  
 Centralia, IL 62801

Student Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**This agreement must be signed and returned before students are allowed to participate in any program**

## **Participation Agreement**

Please read this form carefully and be aware that in having your student registered and participating in this program, you will be waiving and releasing all claims for injuries your student might sustain arising out of this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my student may sustain as a result of participating in any and all activities with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my student participating in the program against Kaskaskia College and its Board of Trustees, officers, representatives, agents, servants and employees from any claims from injuries, damage or loss which my student may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend Kaskaskia College and its Board of Trustees, officers, presenters, representatives, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by my student and arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Kaskaskia College officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my student's immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details and Waiver and Release All Claims.

Child's First and Last Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

# Release Forms

**Kaskaskia College**  
**27210 College Road**  
**Centralia, Illinois 62801**

Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to **Kaskaskia College** its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize **Kaskaskia College**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Kaskaskia College** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understood the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)