



CARIBOO CHILCOTIN ELDER COLLEGE

Website: www.weldercollege.ca

COURSE REGISTRATION AND MEMBERSHIP FORM

(please print clearly)

Surname First Name

Address Postal Code

Contact Information/Telephone Email

List all the courses you wish to take: Registrar's
Initials

1) Course Name: _____ Fee: \$ _____

2) Course Name: _____ Fee: \$ _____

3) Course Name: _____ Fee: \$ _____

4) Course Name: _____ Fee: \$ _____

5) Course Name: _____ Fee: \$ _____

6) Course Name: _____ Fee: \$ _____

Course Fee Total: \$ _____

Membership Fee 2024 \$ 10.00

TOTAL PAYABLE \$ _____

x _____
Student signature required Cariboo Chilcotin Elder College (Cashier)

(Please turn over)

The information collected on the *Registration Form* is confidential and used only by the Cariboo Chilcotin Elder College Executive and curriculum committee members.

Please refer to the Curriculum Policy & Procedures document for information on course credits. This is a new policy effective this semester.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

TO: CARIBOO CHILCOTIN ELDER COLLEGE (Elder College) (“the Society”) and its directors, officers, representatives and agents (collectively called “the Agents”).

I hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

I agree as a precondition to my participation in all events organized by “the Society” and/or “the Agents” including, but not limited to all classes/tours (collectively referred to as “the Activities”) and in further consideration of “the Society” allowing me to do so, that I will be strictly bound by the terms of this *Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement* (“the Agreement”).

I acknowledge that “the Activities” may involve inherent risks and dangers that may cause serious injury and possible death to participants.

I fully understand the risks and dangers associated with my participation in “the Activities” and accept same entirely at my own risk.

I hereby waive any and all claims which I may have against “the Society” and “the Agents” and release “the Society” and “the Agents” from all liability for injury, death, property damage or any other loss sustained by me as a result of my participation in “the Activities”, due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care by “the Society” and/or “the Agents”.

I appreciate that “the Agreement” limits the liability of “the Agents” to the same extent as it limits the liability of “the Society”, even though “the Agents” are not formal parties to “the Agreement”.

I AM 16 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE SOCIETY” AND/OR “THE AGENTS” AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND / OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE “THE AGREEMENT” ON BEHALF OF CHILD / WARD.

I agree to the terms & conditions for all courses I am registered for in the 2024 fall semester.

Your Signature: _____

Date: _____