

# Program Registration Form

Adult Registrant or Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Program Name \_\_\_\_\_ Program Date \_\_\_\_\_

Program Fee (per participant) \$ \_\_\_\_\_

1st Registrant's First & Last Name \_\_\_\_\_ Grade \_\_\_\_\_

2nd Registrant's First & Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Total Cost \$ \_\_\_\_\_ Method of Payment: Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card (below)

I have read the Insurance Liability Waiver and the Photo Policy on the bottom of this form and understand the signature is required below of participant or parent/guardian if under 18 years old.

## CHALLENGER LEARNING CENTER POLICIES:

- Participants or their parents (if participant is under 18 years of age) permit the taking of photos, audio and videotapes during Challenger Learning Center activities and programs for the use of publication and use as the Challenger Learning Center deems necessary.
- Program fees **must** accompany registration.
- Refunds are only given if a program is cancelled due to limited enrollment. In that case, you will be notified the program is no longer offered and issued your full refund.
- This form may be copied if you need to register for additional programs.
- Checks must be made out to **Aurora University**
- Registration forms and payment must be mailed to: **Challenger Learning Center, 222 E Church Street, Woodstock, IL 60098**

## INSURANCE LIABILITY WAIVER

Please be aware that in registering yourself or your minor child/ward for participation in Challenger Learning Center for Science & Technology program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the activities of the program. I recognize and acknowledge that there are certain risks of physical injury to participants in programs and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against the Challenger Learning Center for Science & Technology, Aurora University, and its officers, agents servants and employees. I do hereby fully release and discharge the Challenger Learning Center for Science & Technology, Aurora University, and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the program(s).

Signature: \_\_\_\_\_

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

\*registration forms **must** be signed

Printed Name: \_\_\_\_\_

----- OFFICE STAFF: DETACH AND DESTROY AFTER PAYMENT -----

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ Last 3 digits \_\_\_\_\_