



NCLL REGISTRATION FORM

Fill in at least your name below. Only fill in your address, phone, and email if you have never given us that information before or if that information has recently changed.

Name: _____

Address: _____

Phone: _____ E-mail: _____

IF you are registering MORE THAN ONE PERSON on this form, in the Members and Non-Members columns below, please indicate first name or initials of person(s) taking the class.

Course No.	Course Name	Date	Members	Non-Members	Total Amount

Yearly NCLL MEMBERSHIP (July 1–June 30) - \$20 per person	How many memberships? _____	
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TOTAL AMOUNT ENCLOSED FOR ENROLLMENT(S) and MEMBERSHIP(S)	
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Make check payable to **Northern Michigan University**. Send check and registration form with signed waiver form below (*if needed*) to: **NCLL, Cohodas Hall, Room 401, 1401 Presque Isle Ave, Marquette, MI 49855**

Waiver Statement and Release of Liability

NOTE: You need to sign this waiver **only once a year**. It will be good for the whole Academic Year July 1– June 30

I/We, the undersigned, know that classes offered by Northern Center for Lifelong Learning (NCLL) carry possible risk of personal injury. I/We understand that there are natural and man-made hazards, environmental and weather conditions, vehicular risks, and risks which, in combination with my actions and/or decisions, can cause injury. I/We agree that, as a participant(s), I/we do take responsibility in understanding and accepting all risks, conditions, and hazards. I/We agree that I/we am responsible for my/our safety while participating in this event.

I/We also understand that I/we take responsibility in stating I/we have the appropriate experience to participate in this type of activity. It is also my/our responsibility to wear the appropriate clothing and footwear, and carry along the appropriate food, hydration, and personal needs for the terrain, weather, and type of event or activity I/we am participating in. I/We understand it is my/our responsibility to come prepared for the type of event(s) for which I/we am participating, which I/we understand may involve strenuous activity.

I/We also give permission for any photos taken of me/us during this activity may be used in the promotion of NCLL.

Participant 1

Printed Name: _____

Signature: _____ Date: _____

Participant 2

Printed Name: _____

Signature: _____ Date: _____