

Forever Learning Institute Registration

Fill out completely, please use separate form for each student

DATE _____

Name: _____ M ___ F ___ Phone (H) _____
Last First MI Phone (C) _____

Address: _____
Street City State Zip

Email address _____ Birth Year _____

Course Name Day Time

REGISTRATION MUST INCLUDE TUITION PAYMENT

Courses are \$55.00 each. Please accept this **DONATION** to Forever Learning Institute. \$ _____

Make Checks Payable to: Forever Learning Institute Payment Total \$ _____

Emergency contact: Name: _____ Emergency Phone: _____

PLEASE SIGN WAIVER AS READ AND AGREED WITH: I agree to release, discharge and hold harmless and indemnify the Forever Learning Institute, Inc., (FLI) its agents, instructors, employees or other entities acting on its behalf from all claims, demands, rights and causes of action of any kind. I, hereby waive all claims from personal injury or property damage arising from my activities or use of the facilities and equipment at FLI, and I accept, assume and incur all responsibility for risk of injury from such activity and exercise.

I also agree to have any pictures taken of me during classes and/activities at FLI, to be used in Publications/Publicity for Forever Learning.



Signed _____

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