

Mount Laurel Township Recreation Department

750 Centerton Road

Mount Laurel, NJ 08054

Phone: (856)234-0001 ext. 1241

shigareda@mountlaurel.com

2024 CLASS SIGN-UP

Mount Laurel Community Center

Senior Class Registration Information

MUST BE FILLED OUT WITH ALL INFORMATION !!

Name: _____

Address: _____

Phone Number: (____) _____

Email: _____

Class: _____

Please Circle the day you are attending:

M

T

W

TH

F

Residents—\$25.00

Non-Residents—\$50.00

****You do not have to pay double if you are attending the same classes twice a week****

For Office Use Only:

Received by: _____ Date: _____ Check #: _____ Fee \$ _____

Please make all checks payable to **MOUNT LAUREL TOWNSHIP**. All classes must be paid by the first day of the session. Please make sure to fill out the hold harmless release and waiver agreement on the ***back of this registration form***.

FLIP OVER 



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Parks & Recreation Department
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HOLD HARMLESS
AND LIABILITY RELEASE AND WAIVER AGREEMENT

I, _____, have voluntarily registered as a participant in the PROGRAM at Mount Laurel Township Senior Center. I certify that I am fully aware of and understand the inherent risk in participating in the program.

I understand and agree that neither Mount Laurel Township, the instructors, any other student, or any other individual or entity associated with Mount Laurel Township, may be held liable in any way for any occurrence or event in connection with my participation in classes which may result in injury or damages to me.

Furthermore, I will hold harmless the above-mentioned parties from any claim by me or any entity on behalf of myself arising out of my participation in the program. I further state that I am of lawful age and legally competent to sign this agreement and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual and they are not a mere recital or simply for information purposes.

I have read, understood and fully understand the contents of this agreement. I assume the responsibility for my physical condition and capability to perform under the program. In consideration of the aforementioned activities I agree to indemnify and save harmless Mount Laurel Township, the organizers of the program, the instructors, other participants in the program, or their agents, against any claim for injury and/or damages, compensatory or otherwise.

Printed name: _____

Signature: _____ Date: _____