

**INDEPENDENT STUDENT REGISTRATION**

**PERSONAL INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
 FIRST NAME MIDDLE INT. LAST NAME

\_\_\_\_\_  
 ADDRESS CITY/STATE ZIP CODE

\_\_\_\_\_  
 HOME PHONE

\_\_\_\_\_  
 WORK PHONE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**EMERGENCY CONTACT INFORMATION**  
 (PLEASE PRINT)

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 PHONE

\_\_\_\_\_  
 RELATIONSHIP

QUALITY OF INSTRUCTION I WILL RECEIVE, AND I HOLD HARMLESS JK ENTERPRISES OR ITS PRINCIPLES FOR ANY INJURIES SUSTAINED WHILE USING ANY OF THE EQUIPMENT OR FACILITIES IN OR AROUND JK ENTERPRISES WHETHER UNDER THE

**THIS SECTION FOR OFFICE USE ONLY**

**COSTS: \$15 PER HOUR, TO BE PAID IN ADVANCE IN BLOCKS OF 20 HOURS**

**JK ENTERPRISES WAIVER**

I. STUDENTS ARE NOT ALLOWED TO OPERATE ANY SHOP EQUIPMENT WITHOUT THE DIRECT SUPERVISION OF THE INSTRUCTOR OR ASSISTANT INSTRUCTOR.

II. ALL STUDENTS MUST HAVE INSTRUCTOR AUTHORIZATION PRIOR TO USING ANY SHOP EQUIPMENT, AND SUCH AUTHORIZATION WILL BE RECORDED IN EACH STUDENT'S PERMANENT RECORDS AND MUST BE RENEWED YEARLY.

III. EACH STUDENT WILL BE EXPECTED TO SUPPLY THEIR OWN SAFETY EQUIPMENT AND IS RESPONSIBLE FOR THEIR OWN SAFETY WHILE IN OR AROUND JK ENTERPRISES.

IV. IN SIGNING BELOW, I INDICATE THAT I UNDERSTAND THESE RESTRICTIONS AND FURTHERMORE ACKNOWLEDGE MY TRUST IN THE

SUPERVISION OF AN INSTRUCTOR OR OPERATING INDEPENDANTLY.

V. CLASS FEES ARE NOT REFUNDED EXCEPT DUE TO CANCELLATION OF CLASS BY INSTRUCTOR.

VI. IN CASE OF INSTRUCTOR EMERGENCY, MAKE-UP DATE WILL BE SET.

VII. IN CONSIDERATION FOR JK ENTERPRISES ALLOWING THE BELOW SIGNED STUDENT TO PARTICIPATE IN CLASSES AND PROGRAMS, THE PARTICIPANT AND HIS/HER RESPRENTATIVES DO HEREBY AGREE TO RELEASE AND DISCHARGE THE OFFICERS, THE ADMINISTRATORS, STAFF, INSTRUCTORS, AND AGENCIES FROM ANY AND ALL CAUSES OF ACTION DAMAGES, CLAIMS, COSTS, AND EXPENSES INCLUDING ATTORNEY'S FEES AND LIABILITY IN ANY WAY ARISING FROM OR INCIDENTAL TO THIS AUTHORIZATION.

\_\_\_\_\_  
 SIGNATURE DATE