## **NORTHERN NEW MEXICO COLLEGE**



## **CONTINUING EDUCATION/WORKFORCE REGISTRATION FORM**

Please complete all areas o	f form in print or type.				
ME (LAST) (FIRST)		(MIDDLE INITIAL)  STATE ZIP			
ADDRESS (STREET/P.O. BOX) CITY					
PRIMARY PHONE	OTHER PHONE	EMAIL			
COURSE TITLES			DATE	Time/Location	V
IECC 2021 ENERGY CONSERVA (IECC 2021 ASHRAE 90.1 2019) i	TION CODE PERFORMANCE PATH in a practical context	IN-PERSON	April 03	UA412 JATC ABQ 5:30 pm -9:30 pm	
IECC 2021ENERGY CONSERVAT (IECC 2021 ASHRAE 90.1 2019) ir	ION CODE PERFORMANCE PATH	IN-PERSON	April 16	NNMC Espanola Campus 1 PM- 5PM	
IECC 2021 ENERGY CONSERVA (IECC 2021 ASHRAE 90.1 2019)	ATION CODE PERFORMANCE PAT in a practical context	H IN-PERSON	April 24	IB Public Pre Fab	
IECC 2021 ENERGY CONSERVA	TION CODE PERFORMANCE PATH	IN-PERSON	May 02	Los Alamos County 9 am-2 pm	7
	or Sandra McCardell (NNMC), Projec ontano Jr. (UA 412 JATC) Michael N				
EMERGENCY CONTACT					
NAME	RELATIONSHIP				
PHONE	ALTERNATE PHONE				

## NORTHERN NEW MEXICO COLLEGE CONTINUING EDUCATION LIABILITY RELEASE/WAIVER

PARTICIPANT'S NAME:
In consideration of being permitted to participate in any class, exercise or activities of Northern New Mexico College Continuing Education & Workford Development (NNMC-CE & WFD), I acknowledge and agree, on behalf of myself and my heirs, assigns, children, personal representatives and next kin (collectively, the "Participants") to assume any and all risks involved in or arising from the class, exercise, activity or use of the facilities involved the lesson or excursion. Participant agrees that the risk incurred could include but not be limited to death, bodily injury, property damage, falls, kick collisions with vehicles, horses or stationary objects, fir or explosion, the unavailability of emergency medical care or the negligence or deliberate and another person.
Participant agrees to hold NNMC-CE & WFD and all of its successors, assigns, subsidiaries, affiliates officers, directors, managers, employees an agents completely harmless and not liable and release them from all liability whether now known or unknown, anticipated or unanticipated, direct indirect, fixed or contingent and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, cost of expenses arising out of participants use or presence upon NNMC-CE & WFD property and facilities, including without limitation those based on death bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton negligence of NNMC-CE & WFD.
Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effet is to provide the a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time executing the release.
Participant agrees to indemnify and defend NNMC-CE & WFD against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from the rider's use of or presence upon the manager's property and facilities.
Participant agrees to abide by all of NNMC-CE & WFD rules and regulations.
I certify that each Participant is in good health and is able to participate in all activities. If any attention is required for illness or injury to any Participan I give my permission to a staff member for such care
The undersigned has read this liability release, waiver and discharge, fully understands its terms, understands that the undersigned has waived substantial rights by signing it, and signs it freely and voluntarily without inducement.
PARTICIPANT'S SIGNATURE:DATE:
MEDIA RELEASE
Each participant gives consent to be photographed, videotaped, or filmed while participating in activities and for the resulting image to be used by NNMC for promotional or other purposes.
PARTICIPANT'S SIGNATURE:DATE:
FOR PARTICIPANTS OF MINOR AGE (Under age 18 at time of registration)
This is to certify that I, as parent/guardian with legal responsibility for the Participant named below, do consent and agree that the foregoing Liabilir Release, Waiver and Discharge applies to myself and any other Participant under the age of I8 years at the time of registration for which I have leg responsibility.
NAME OF MINOR:
PARENT/GUARDIAN SIGNATURE: DATE:
FOR MORE INFORMATION: David Sandoval (575) 581-4115 / david.sandoval@nnmc.edu
How would you like to be notified of class registration? Mail Phone Email