

FALL 2017 - 4 STEP - REGISTRATION FORM (Risk Release on Back)

* Return this entire page (front and back completed) with payment *
**** ALL Members are Required to Complete the Risk Release on Back of this Form ****

STEP 1: Member Contact Info (please print)

Name _____ Email _____ Birth date _____

Address _____ City _____ Zip+4 _____ Phone _____

Emergency contact _____ Relationship _____ Phone _____

Volunteer Opportunities: Would you like to serve as a volunteer for OLLI at UK? There are lots of ways to get involved! Please mark your preferences below and our Volunteer Chair will be in touch.

Committee Short Term As Needed
 Specific Event Long Term

STEP 2: All Members - Complete the Risk Release on the back of this form.

STEP 3: Fill in the course request form below.

Title of Courses, SIGs, Special Events Be sure to specify exact course requesting.	Fees
2017-2018 Annual Membership	\$ 25.00
	\$
	\$
	\$
	\$
	\$
TOTAL	\$
I would like to offer the following donation to support the OLLI at UK A letter of receipt will be mailed.	\$
TOTAL AMOUNT ENCLOSED	\$

STEP 4: Please make your check payable to **OLLI at UK** & mail with completed form to:
OLLI at UK, UK Ligon House, 658 S. Limestone, Lexington, KY 40506-0442

For internal use only : Date recv'd _____ Fee paid \$ _____ Check # _____ Cash \$ _____
 G/C# _____ Photo Consent Rec'd _____ Risk Release Rec'd _____ A/L _____ Trans# _____ Date _____

OLLI AT UK RISK RELEASE FORM
2017 FALL SEMESTER

All Members and Guests are required to sign prior to participation.

PRIOR TO PARTICIPATION

in the OLLI at UK Fall 2017 Courses, Programs, Shared Interest Groups, Travel, Projects, Field Trips and Day Trips, Volunteer and Community Engagement Activities, UK Lancaster Aquatic Center Swim and UK Johnson Recreation Center, All OLLI at UK Members and Guests are required to complete and sign the risk release form below.

PHYSICIAN APPROVAL

I hereby understand that I am advised to consult my physician and obtain his/her approval before beginning OLLI at UK Courses, Programs, Shared Interest Groups, Travel, Projects, Field Trips and Day Trips, Volunteer and Community Engagement Activities, UK Lancaster Aquatic Center Swim and UK Johnson Recreation Center during the Fall 2017 OLLI semester. I have no known physical contraindications that would restrict me from participating in these activities.

ASSUMPTION OF RISK AND GENERAL WAIVER OF ALL CLAIMS

I am aware of the hazards inherent in my involvement in the variety of OLLI at UK Courses, Programs, Shared Interest Groups, Travel, Projects, Field Trips and Day Trips, Volunteer and Community Engagement Activities, UK Lancaster Aquatic Center Swim and UK Johnson Recreation Center, and the need for me to ensure my health status and ability to participate in the variety of opportunities made available to OLLI at UK Members and Guests. I am responsible for my own health and I assume all responsibility for avoiding any activity that I and/or my physician do not feel comfortable I can or should perform. In consideration of the opportunity to participate in the OLLI at UK, I, for myself, my heirs, successors or assigns, hereby assume any and all risks and hazards attendant to my involvement in OLLI at UK and waive any claim that I might have. In further consideration of being afforded the opportunity to participate in the OLLI at UK, I, for myself, my heirs, successors or assigns, hereby release and hold harmless the University of Kentucky, its Board of Trustees, agents, servants, and employees, expressly including but not limited to instructors, assistants, facilitators, students and volunteers, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage, or death arising from the aforesaid activities.

Print name, sign, and date:

Name (printed) _____

Signature _____ Date _____