

# OLLI at UK SUMMER 2017 - 4 STEP - REGISTRATION FORM

\* Registration is Online or by Mail only \*

\* Please return this entire page with payment \*

\* ALL Members are required to complete the 2017 Summer Risk Release 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: Complete the Summer Risk Release on the back of this form.

## STEP 3: Fill in the course request form below.

| Title of Courses, SIGs, Special Events<br>Be sure to specify exact course requesting.                         | Fees                     |
|---|--------------------------|
| I am already a 2016 - 2017 Member   | <input type="checkbox"/> |
| I am not a member and want to join for Summer \$15.00   | \$                       |
|   | \$                       |
|   | \$                       |
|   | \$                       |
|   | \$                       |
| <b>TOTAL</b>  | \$                       |
| I would like to offer the following donation to support the OLLI at UK<br>A letter of receipt will be mailed. | \$                       |
| <b>TOTAL AMOUNT ENCLOSED</b>  | \$                       |

**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 SUMMER SEMESTER

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

### PRIOR TO PARTICIPATION

in the OLLI at UK Summer 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 Summer 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 \_\_\_\_\_