

SPRING 2012 REGISTRATION FORM (RISK & PHOTO RELEASES ON BACK)

* Return this entire page to the OLLI office with payment *

Please Print

Name on badge _____ Email _____

Address _____ City _____ Zip+4 _____ Phone _____

Emergency contact _____ Relationship _____ Phone _____

Like to be more involved in OLLI? Please circle below any opportunities that interest you.

Committees: Curriculum Development Forum Planning Promotion & Membership	Reception & Welcome Social Studio Art Exhibit Opportunities Volunteer	Other: Instructor Class Assistant Short term/as needed
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Course Code	Title of Course(s)	Fees
<i>Example</i> CODE-001	<i>Example</i> Name of Course	<i>Example</i> \$ 00.00
ANNUAL-MEM	I am a Current Annual Member of OLLI at UK (please check box)	<input type="checkbox"/>
SPRSUM-2012	OR.....I am a New Member for 2011-2012 - Membership Fee is Prorated for Spring & Summer 2012 only	\$ 15.00
		\$
		\$
		\$
		\$
		\$
	TOTAL: Membership (if applicable) + Course Fees	\$
	I would like to offer the following donation to support the OLLI at UK (A letter of receipt will be mailed.)	
	TOTAL AMOUNT ENCLOSED	\$

*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 \$ _____
 Photo Consent Rec'd _____ Risk Release Rec'd _____

OLLI RISK RELEASE FORM - SPRING 2012 SEMESTER

PRIOR TO PARTICIPATION in the OLLI SPRING 2012 Semester Physical Fitness Classes and Activities: Fitness Classes, Line Dancing, Yoga, Lancaster Aquatic Center Swim, Nutter Field House Walking Track, and Johnson Recreation Center, ALL OLLI students 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 Physical Fitness Classes and/or use of the UK Lancaster Aquatic Center, Nutter Field House, and/or Johnson Recreation Center, during the Spring 2012 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 any exercise program, and the need for me to ensure my health status and ability to participate in strenuous physical activity. 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 these activities, I, for myself, my heirs, successors or assigns, hereby assume any and all risks and hazards attendant to this class and waive any claim that I might have. In further consideration of being afforded the opportunity to participate in these activities, 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 the class instructor(s), class assistants, and OLLI 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 below

Name (printed)

(Signature) of OLLI member

Date

OLLI AT UK PHOTO RELEASE FORM (ONE TIME SIGNATURE)

From time to time we would like to be able to use photos of **real OLLI at UK members** to present & promote our programs in our newsletters, brochures, exhibits, website, etc. If you would be willing to let us use your image to portray the activities of the OLLI at UK, please review and complete the information below, making any specifications and preferences clear. *All selections will be made with a careful and thoughtful eye.* If you have any questions, please do not hesitate to call the OLLI Office at any time (859) 257-2656.

Authorization of Use

General Use

Specific Project: Osher Lifelong Learning Institute (OLLI) at UK

I, (print full name) _____ (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association and UK Research Foundation, to interview, photograph and/or videotape me and/or to supervise any others who may do the interview, photography and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

University Educational Publications/Videos

University Electronics Publishing (e.g. World Wide Web)

University Promotion/Advertising

Local/regional/national news media (w/permission of the University of Kentucky)

Signature: _____ Date: _____

Signature