

OLLI Spring 2016 Course Registration PLEASE PRINT.

Please sign release form on back of this registration form. Unsigned, incomplete, or illegible forms will be returned without being processed.

Register

ONLINE

Go to furman.edu/olli and click on the Registration link.

IN PERSON

At the OLLI Office located in the Herring Center for Continuing Education.

BY MAIL

OLLI @ Furman University
3300 Poinsett Highway
Greenville, SC 29613-1511

Student Information

- Are you a brand new member? Renewal
 I need an OLLI name tag (only if you are a new member or misplaced yours).

Name _____

Preferred name _____

Address _____

City _____ State _____ ZIP _____

Email _____

Home phone _____ Cell _____

Emergency Contact

Name _____ Contact phone _____

Each term we publish a directory so members can contact each other. If you DO NOT want your contact information listed, please check here.

Throughout the term, photographs will be taken by staff and other members for use in our video scrapbook, publicity materials or bulletin board displays. If you DO NOT want your picture used, please check here.

Our goal is to have 100% of our members volunteer within the OLLI organization. Please check those activities that you would like to know more about and we will have a member contact you. **(Please do not check areas where you are already involved.)**

- Editing/Proofreading Instructor
 Hospitality/Greeters Coffee Brigade
 Office Assistant

- Committees** Membership Social
 Volunteer Curriculum Finance
 Instructor Support

To better serve and understand our members and their talents, please specify your professional background.

Hobbies _____

Course Information

Course #	Course Name	Day Time	Serve as class liaison? Yes or No
1.			Yes or No
2.			Yes or No
3.			Yes or No
4.			Yes or No
5.			Yes or No

Bonus Trips and Events	Event #	Event Name
1.		
2.		

Events do not count against the course packages. If unable to attend, you must cancel 48 hours before the event or be charged a \$25 fee. **Please limit your requests to two bonus events maximum.** After registration we will offer spots in unfilled bonus events to all members.

Payment

Course Packages (can be used throughout academic year)

- 6 classes \$210 9 classes \$275
 15 classes \$325 \$50 per course fee

Total course fees \$ _____

Membership \$50 per academic year 9/15–5/16 \$ _____

TOTAL AMOUNT PAYABLE (no payment due) \$ _____

Please return this form with your check (made payable to Furman University) to:
OLLI @ Furman University
3300 Poinsett Highway
Greenville, South Carolina 29613-1511
Register online at furman.edu/olli.

Furman University Acknowledgment and Release Form

I, the undersigned, acknowledge that I am at least 18 years of age and voluntarily participating in potentially physically challenging programs offered by Osher Lifelong Learning Institute at Furman (the "Activities"), which are being sponsored by Furman University. The Activities may involve travel to and from various locations and include outdoor and sporting activities, including, but not limited to biking, hiking, backpacking, swimming, tennis, golf, and aerobics. The Activities will begin on March 21, 2016 and end no later than May 13, 2016.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY.

In consideration of being permitted to participate in the Activities,

_____ **(initial here)** I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my participation in the Activities, including the possible risk of severe or fatal injury to myself or others. In return for Furman University allowing me to voluntarily participate in the Activities, I agree to assume and accept all risks arising out of, associated with, or related to my participating in the Activities and to be solely responsible for any injury, loss, or damage which I might sustain while participating in the Activities, even though such risks may have been caused by the negligence of Furman University. These risks include, but are not limited to:

- Travel to and from location(s) visited during the Activities, sometimes in a vehicle driven by someone other than myself;
- Broken bones, sprains, strains, heat-related injuries, allergic reactions, paralysis and even death;
- Forces of nature, including rain, water levels, snow, and cold;
- Dangerous terrain including slippery rocks, wet trails, or creeks;
- Exposure to wildlife and poisonous plants which may carry harmful diseases, or be otherwise destructive;
- Lack of immediate medical assistance since some activities occur in remote areas, often in areas of poor communication, and rescues take time.

To the maximum extent permitted by the law,

_____ **(initial here)** I release and indemnify Furman University and its officers, directors, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, even though such risks may have been caused by the negligence of Furman University, or for which I may be liable to any other person, during my participation in the Activities.

_____ **(initial here)** I understand that participation in the Activities requires a minimum level of fitness for safe participation. I represent and warrant that there are no physical or other health related reasons that would render my participation in the Activities dangerous or otherwise harmful to the health and well being of others or to myself. I will inform the trip leader of any limitation that I feel may affect my ability to participate and make them aware of any medications that may be required to be administered during a trip to include, but not limited to, an epinephrine injection for bee stings or insulin for a diabetic conditions.

_____ **(initial here)** I hereby grant permission to Furman University or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my safety and well-being, if I become injured or ill during the Activities. I understand that accident and health insurance is not provided by Furman University for participants and that I am responsible for payment of any medical attention that may be necessary.

_____ **(initial here)** I grant Furman University, in its sole discretion, full permission to take and use photographs and/or videos of me, either alone or with others, for use on University web sites or other electronic form, print or media, without notifying me, in promotion of Furman University and its related entities. I hereby waive any right to inspect or approve the photographs or electronic matter used in promotion of Furman University and its related entities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

Participant's Signature

Today's Date