OASIS Registration Form

Office use only	Name_____ Date_____

Name _____

Address _____

City _____ Zip_____

Phone _____ Cell _____

May we email your registration receipt? Yes ❑ No ❑

Email _____

Complete a separate form for each member and mail it with your payment to

OASIS
6333 State Route 298
East Syracuse, NY 13057

Please print

Class #	Class Title	Fee	Office use

Make checks payable to: OASIS	Class Fees	
Returned checks are subject to a $25 fee.	Processing Fee*	**+20.00**
__ Check __Visa __Mastercard __Discover __ American Express	Tax-deductible gift to OASIS	+
Credit Card # _____	**Subtotal**	$
	Less credit/coupon	–
Exp. date ____/_____ Signature _____	**Total**	$

**Required for class registration each trimester*

Credit cards charged to:
Blackbaud Merchant Services

(BB Merchant Services, BLK * non profit or BLK * UMUF)

Don't forget to sign the Waiver and Release of Liability.

*Waiver & Release of Liability

I release and discharge State University of New York Upstate Medical University (also known as SUNY Health Science Center at Syracuse), a component of which is University Hospital, State University of New York, and the State of New York, and their respective officers, trustees, directors, employees, and agents for any and all claims, demands, actions, losses, expenses, damages, and liabilities whatsoever in any manner related to or arising out of my participation in programs sponsored by OASIS including, but not limited to, educational, cultural, volunteer, physical fitness related programs, and travel in any form.

I attest that I have full and informed knowledge of the risks involved in physical fitness activities and have full and informed knowledge of the risks involved in the programs sponsored by OASIS, and I attest that I have obtained approval from my physician(s) to participate in same.

I understand that the OASIS mailing list may be used by OASIS sponsors for educational mailings. I understand that participants in programs sponsored by OASIS are expected to conduct themselves in a courteous manner, respecting the rights of all other participants, volunteers, and staff. I attest that I will conduct myself in a courteous manner and will respect the rights of all other participants, volunteers, and staff. I understand that if, in the sole discretion of State University of New York Upstate Medical University, I fail to conduct myself in a courteous manner and fail to respect the rights of all other participants, volunteers, and staff, I will not be allowed continued participation in the programs sponsored by OASIS.

I give permission for The OASIS Institute to photograph or videotape me and to use my name and image in OASIS materials and publicity. I authorize the use of my name and image in publications produced by The OASIS Institute's partners and by the media. I agree to be photographed or videotaped by the media for general publication.

Signature required: _____ **Date:** _____

OASIS Registration Form

Office use only	Name_____ Date_____

Name _____

Address _____

City _____ Zip_____

Phone _____Cell _____

May we email your registration receipt? Yes ❑ No ❑

Email _____

Complete a separate form for each member and mail it with your payment to
OASIS
6333 State Route 298
East Syracuse, NY 13057

Please print

Class #	Class Title	Fee	Office use

Make checks payable to: OASIS	Class Fees	
Returned checks are subject to a $25 fee.	Processing Fee*	**+20.00**
__ Check __Visa __Mastercard __Discover __ American Express	Tax-deductible gift to OASIS	+
Credit Card # _____	**Subtotal**	$
	Less credit/coupon	–
Exp. date ____/_____ Signature _____	**Total**	$

*Required for class registration each trimester

Credit cards charged to:
Blackbaud Merchant Services

(BB Merchant Services, BLK * non profit or BLK * UMUF)

Don't forget to sign the Waiver and Release of Liability.

*Waiver & Release of Liability

I release and discharge State University of New York Upstate Medical University (also known as SUNY Health Science Center at Syracuse), a component of which is University Hospital, State University of New York, and the State of New York, and their respective officers, trustees, directors, employees, and agents for any and all claims, demands, actions, losses, expenses, damages, and liabilities whatsoever in any manner related to or arising out of my participation in programs sponsored by OASIS including, but not limited to, educational, cultural, volunteer, physical fitness related programs, and travel in any form.

I attest that I have full and informed knowledge of the risks involved in physical fitness activities and have full and informed knowledge of the risks involved in the programs sponsored by OASIS, and I attest that I have obtained approval from my physician(s) to participate in same.

I understand that the OASIS mailing list may be used by OASIS sponsors for educational mailings. I understand that participants in programs sponsored by OASIS are expected to conduct themselves in a courteous manner, respecting the rights of all other participants, volunteers, and staff. I attest that I will conduct myself in a courteous manner and will respect the rights of all other participants, volunteers, and staff. I understand that if, in the sole discretion of State University of New York Upstate Medical University, I fail to conduct myself in a courteous manner and fail to respect the rights of all other participants, volunteers, and staff, I will not be allowed continued participation in the programs sponsored by OASIS.

I give permission for The OASIS Institute to photograph or videotape me and to use my name and image in OASIS materials and publicity. I authorize the use of my name and image in publications produced by The OASIS Institute's partners and by the media. I agree to be photographed or videotaped by the media for general publication.

Signature required: _____ **Date:** _____