# 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 |
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| **Make checks payable to: OASIS** | Class Fees | |
| **Returned checks are subject to a $25 fee.** | Processing Fee* | **+20.00** |
| ___ Check ___ Cash ___ Visa ___ Mastercard ___ Discover | Tax-deductible gift to OASIS | + |
| Credit Card # _____ | **Subtotal** | **$** |
| | Less credit/coupon | – |
| Exp. date ____/_____ Signature _____ | **Total** | **$** |

**Required for class registration each trimester*

**Credit cards charged to:**
**Health Science Center Foundation**

## *Waiver & Release of Liability

**Don't forget to sign the Waiver and 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:** _____

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