MAIL-IN REGISTRATION FORM

One person per form. Please print clearly.

Mail this form to:
OASIS c/o CEACW
University at Albany, Richardson Hall, RI 390
135 Western Avenue, Albany, NY, 12222
518-442-5529 phone 518-591-8772 fax

Name:		☐ Current OASIS Member
Address:		☐ New OASIS Member
City:	State:	Zip:
Phone:	Email:	
Emergency Contact:	Phone:	

Class #	Class Title	Fee	Office only
TOTAL CLASS FEE		$	
Apply Credit Voucher		$	
Add Tax-deductible Gift to OASIS		$	
TOTAL AMOUNT		$	

If you need to cancel a registration for a class/trip, PLEASE NOTE: Refunds (form of Credit Vouchers only) are typically only given for: 1) program cancellations made by the OASIS office, 2) medical reasons, 3) family emergencies, and 4) jury duty. Refund requests must be made by contacting the OASIS office as soon as possible, preferably at least 24 hours prior to the start of the program. Refunds will be given in the form of OASIS credit vouchers ONLY. NO EXCEPTIONS. Please call the OASIS office at 442-5529 for more information.

PAYMENT OPTIONS (do not send cash)

☐ **Master Card** ☐ **Visa** ☐ **Check** *(Please make check payable to: University at Albany Foundation)*

Card # _____ Expiration Date _____ Signature _____

WAIVER OF LIABILITY (must be signed to attend class)

I release and discharge OASIS and all other sponsors, supporters and all agents and persons acting for and on behalf of such entities from all claims or damages, demands or actions whatsoever in any manner related to or growing 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 and verify that I have full knowledge of the risk involved in physical fitness activities and that I have obtained approval from my physician to participate in same. I understand that the OASIS mailing list may be used by OASIS sponsors for educational mailing. I understand that participants in OASIS programs are expected to conduct themselves in a courteous manner, respecting the rights of all other participants, volunteers and staff.

Signature: _____ Date: _____

Please be sure to: ☐ Sign the Waiver ☐ Enclose Your Check or Payment Information

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