COURSE REGIS	TRATION FORM		
Please select y UNIVERSITY PA	our home OLLI: RK (UP) YORK	PennState	OSHER LIFELONG LEARNING INSTITUTE
Name: (Print)			
Address:			
City, State, Zip:		MAIL TO: OLLI at Penn State	
Phone: Cell:		P.O. Box 410 State College, PA 16804-0410	
Email:			
COURSE NUMBER (UP ONLY) COURSE		E TITLE	AMOUNT
			\$
COURSE TOTAL Donation to the Program Enhancement Fund:			\$
ANNUAL MEMBERSHIP INEW \$65 or RENEWAL \$65			\$
PREFERRED PAYMENT METHOD: Delase charge my credit card on file			(Signature below authorizes charge)
Payable to The Pennsylvania State University GRAND TOTAL			\$
SIGNATURE REQUIRED for	Registration (If not signed, the regi	stration office <u>will not</u> be able to proce	ss your registration.)
 I affirm that I am freely and willingly participating In consideration of my participation in the Progra I. I understand and acknowledge that participal harm could occur to me or others. I recognize incur and assume all risks of any injuries, dan I consent to The Pennsylvania State Universit or audio record me engaging in activities at tl 	m, I agree, on behalf of myself and my executors, hei ing in the Program activities involves certain risks (so that I have the option to not participate in these acti- ages, or harm which arise during or result from my p y ("Penn State"), its trustees, affiliates, officers, emplo ne Program (the "Materials"). Without expectation of	her Lifelong Learning Institute at The Pennsylvania Sta irs, assigns, and any other person claiming by, under, me of which I may not fully appreciate) and that injuri vities instead of encountering these inherent risks. I articipation in the Program, even if arising from the ne yees, agents (collectively, "Penn State Representative compensation or other remuneration, now or in the fu oit the Materials for promotional or educational purpo	or through me, as follows: es, death, property damage or other knowingly and voluntarily accept, egligence of the program or others. es"), to photograph, video record, iture, I hereby grant Penn State, the
 I hereby release and forever discharge Penn State, Penn State Representatives and their insurers of any responsibility or liability of any nature to me for any personal injuries, death, property damage, other harm that I may suffer or incur either directly or indirectly as a result of my participation in the Program or use of the Materials. I HAVE CAREFULLY READ AND REVIEWED THIS ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, AND VIDEO/PHOTOGRAPH CONSENT. I UNDERSTAND IT FULLY AND I EXECUTE IT VOLUNTARILY WITH THE INTENT TO BE LEGALLY BOUND. 			

_____ Participant's Printed Name: ____

___ Date: ___