



PennState



OLLI AT PENN STATE MEMBERSHIP FORM

MAIL TO: OLLI at Penn State, P.O. Box 410, State College, PA 16804-0410

Please select your primary OLLI: **UNIVERSITY PARK** **YORK**

Please choose from the following: **New Member** **Renewing Member**

Annual Membership (renewing or new)\$50/year

Name _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ **most correspondence is done via email**

All OLLI members MUST SIGN/AFFIRM the Pennsylvania State University’s Acknowledgement of Risk, Release of Liability, and Video/Photo Consent (below) in order to participate in OLLI activities.

I affirm that I am freely and willingly participating in the programming and activities offered by the Osher Lifelong Learning Institute at The Pennsylvania State University (“Program”).

In consideration of my participation in the Program, I agree, on behalf of myself and my executors, heirs, assigns, and any other person claiming by, under, or through me, as follows:

1. I understand and acknowledge that participating in the Program activities involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I recognize that I have the option to not participate in these activities instead of encountering these inherent risks. I knowingly and voluntarily accept, incur and assume all risks of any injuries, damages, or harm which arise during or result from my participation in the Program, even if arising from the negligence of the program or others.
2. I consent to The Pennsylvania State University (“Penn State”), its trustees, affiliates, officers, employees, agents (collectively, “Penn State Representatives”), to photograph, video record, or audio record me engaging in activities at the Program (the “Materials”). Without expectation of compensation or other remuneration, now or in the future, I hereby grant Penn State, the irrevocable right and license to use, reproduce, adapt, modify, distribute, display or otherwise exploit the Materials for promotional or educational purposes.
3. 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.

Signature _____ Participant Printed Name _____

Date _____

PAYMENT:

- Preferred Payment Method.** Please charge my credit card on file.
Signature authorizes charge. _____
- Payment by Check (payable to The Pennsylvania State University)