

# OLLI COURSE REGISTRATION

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

Name: (Print)

Address:

City, State, Zip:

Phone: Cell:

Email:

I am willing to serve as Class Assistant for course(s):

# \_\_\_\_\_; \_\_\_\_\_

# \_\_\_\_\_; \_\_\_\_\_

In consideration for my participation in OLLI activities at The Pennsylvania State University ("OLLI at Penn State"), I agree to the following:

- I hereby waive, release, and discharge The Pennsylvania State University, its trustees, officers, employees, agents, volunteers, and other representatives from any and all responsibility or liability for injury, loss, or damage suffered directly or indirectly to myself or to any other person as a result of my voluntary participation in OLLI at Penn State activities.
  - OLLI at Penn State reserves the right to take photographs or videos during the operation of any program and to use them, whether taken by a representative of OLLI at Penn State or by other participants, for promotional purposes. I hereby consent and agree that any photography and video taken of me in connection with my previous or future participation in OLLI at Penn State activities may be used in advertising, publications, promotional email campaigns, websites, and other materials or media by OLLI at Penn State. In giving this consent, I release the photographer and The Pennsylvania State University from responsibility for any violation of personal or proprietary rights I may have in connection with the use permitted herein. Participants who prefer that their images not be used are asked to contact the OLLI at Penn State office at 814-867-4278.
- Volunteer instructors are responsible for developing their own course content. The information, views, and opinions provided by OLLI at Penn State instructors are those of the instructor and do not necessarily reflect the views and opinions of the OLLI at Penn State organization.

Signature (Required for participation): \_\_\_\_\_ Date: \_\_\_\_\_

COURSE NUMBER	COURSE TITLE	AMOUNT
<b>COURSE TOTAL:</b>		<b>\$</b>
<b>ANNUAL MEMBERSHIP</b> ..... <input type="checkbox"/> <b>NEW \$50</b> or <input type="checkbox"/> <b>RENEWAL \$50</b>		<b>\$</b>
<b>ANNUAL ON-SITE MEMBERSHIP ONLY</b> ..... <b>\$10</b> <input type="checkbox"/> Foxdale Village <input type="checkbox"/> Liberty Hill <input type="checkbox"/> Village Heights		<b>\$</b>
<input type="checkbox"/> <b>FREE Trial membership, one term only – for those new to OLLI at Penn State</b>		<b>None</b>
<b>GRAND TOTAL</b>		<b>\$</b>
<b>PAYMENT IS DUE WITH REGISTRATION</b>		
<input type="checkbox"/> My check, payable to "The Pennsylvania State University," is enclosed. <input type="checkbox"/> My credit card information is on file with OLLI. Please charge my credit card.		
Signature: _____		

For office use only: Rec'd \_\_\_\_\_ Processed \_\_\_\_\_ CC CH# \_\_\_\_\_