

2026 FALL REGISTRATION FORM

* Return this entire page (front and back completed) with payment *
** **ALL Members** are Required to Complete the Risk Release on Back of this Form

STEP 1: Member Contact Info (please print)

Name _____ Birth date _____
Address _____ City _____ ZIP _____
Phone _____ Email _____
Emergency contact _____ Relationship _____ Phone _____

VOLUNTEER OPPORTUNITIES: Would you like to serve as a volunteer for OLLI at UK? There are lots of ways to get involved! Please mark your preferences below and our Volunteer Chair will be in touch.

____ Committee ____ Short Term ____ As Needed
____ Specific Event ____ Long Term

*REQUIRED INFORMATION:

How long have you been a part of OLLI? _____

Are you UK Alumni? _____ Are you a member of the UK Alumni Association? _____

STEP 2: Complete the Annual Risk Release on the back of this form.

STEP 3: Fill in the course request form below.

Title of Courses, SIGs, Experiential Learning, Travel, etc. (Be sure to specify exact course requesting.)	Fees
New 2026 Fall Membership	\$50
	\$
	\$
	\$
	\$
TOTAL	\$
I would like to offer the following donation to support the OLLI at UK. A letter of receipt will be mailed	\$
TOTAL AMOUNT ENCLOSED	\$

STEP 4: Please make check payable to OLLI at UK & mail with completed form to:

OLLI at UK, UK Ligon House, 658 S. Limestone, Lexington, KY 40506-0442

FOR INTERNAL USE ONLY:

Date recv'd _____ Fee paid \$ _____ of \$ _____ Check # _____ G/C# _____ Cash \$ _____ Int 1: _____

OLLI AT UK ASSUMPTION OF RISK, WAIVER AND RELEASE FORM - AUGUST 1, 2026 - JULY 31, 2027

(All Members and Guests are required to sign prior to participation)

PRIOR TO PARTICIPATION in any of the OLLI at UK Activities (Courses, Programs, Shared Interest Groups, Experiential Education/Learning, Travel, Field Trips and Day Trips, Events, Projects, Volunteer and Community Engagement Activities, UK Lancaster Aquatic Center Swim and/or use of UK Johnson Recreation Center). All OLLI at UK Members and Guests are required to complete and sign this risk release form for each OLLI year (August 1 – July 31).

PHYSICIAN APPROVAL

I hereby understand that I am advised to consult my physician and obtain his/her approval before beginning any OLLI Activities. I have no known physical contraindications that would restrict me from participating in these activities. I acknowledge and agree that I am responsible for my own health and I assume all responsibility for avoiding any activity that I and/or my physician do not feel comfortable I can or should perform.

ASSUMPTION OF RISK AND GENERAL WAIVER OF ALL CLAIMS

I am aware of the hazards inherent in my involvement in the OLLI activities I have voluntarily selected, and the need for me to ensure my health status and ability to participate in the variety of opportunities made available to OLLI at UK Members and Guests. I acknowledge that OLLI does not own or control many of the facilities where activities occur, and that I am responsible for assuring the activity and the facility is appropriate for me. OLLI staff and instructors are available to discuss and provide additional details on any activity.

In consideration of the opportunity to participate in the OLLI at UK, I, for myself, my heirs, successors or assigns, hereby assume any and all risks and hazards attendant to my involvement in OLLI at UK activities and waive and release any claim of any type or nature in any way relating to or arising from such activities, including but not limited to any claim for personal injury, accidents or illnesses (including death), property loss, in any way arising from my participation in any activity. In further consideration of being afforded the opportunity to participate in the OLLI at UK activities, I for myself, my heirs, successors or assigns agree to hold harmless and indemnify the University of Kentucky and its affiliated entities, its and their Boards of Trustees, agents, servants, and employees, expressly including but not limited to instructors, assistants, facilitators, students, and volunteers, from any and all claims, demands, causes of action or damages which may accrue from the aforesaid activities. If any portion of this release is held invalid, it is agreed that the balance shall remain in full legal force and effect.

READ CAREFULLY - THIS IS A RELEASE OF ANY AND ALL CLAIMS

Print name, sign, and date:

Name (printed) _____

Signature of Participant _____ Date _____

OLLI AT UK PHOTO RELEASE FORM (ONE TIME SIGNATURE)

We like to use photos of actual OLLI members to present & promote our program. Please review and complete, or change, the info. below, making any specifications and preferences clear. All selections will be made with a careful and thoughtful eye. If you have any questions, please call the OLLI Office at (859) 257-2656.

Authorization of Use

___ General Use X Specific Project: Osher Lifelong Learning Institute (OLLI) at UK

I, (print full name) _____ (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association and UK Research Foundation, to interview, photograph and/or videotape me and/or to supervise any others who may do the interview, photography and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without

X___ University Educational Publications/Videos

X___ University Promotion/Advertising

X___ University Electronics Publishing (e.g. World Wide Web)

X___ Local/regional/national news media (w/permission of the University of Kentucky)

Signature: _____ Date: _____