

Osher Lifelong Learning Institute at the University of Michigan  
2401 Plymouth Road, Suite C, Ann Arbor, MI 48105  
Travel Committee

**FIELD TRIP REGISTRATION FORM**

*One per traveler, please*

Destination: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check the blank that applies:

- \_\_\_\_\_ A completed Health Form is on File at the OLLI office  
or  
\_\_\_\_\_ I am enclosing my completed Health Form with this registration  
\_\_\_\_\_ A signed Participation Release Agreement form is enclosed

\_\_\_\_\_ My payments of \$ \_\_\_\_\_ is enclosed.  
(Please make checks payable to OLLI at UM)

**\*\*Registration valid when payment is enclosed.**

MAIL OR BRING FORM(S) TO THE ADDRESS ABOVE

If you have questions, please call 734-998-9351  
OVER PLEASE

# *To be filled only when registering for a field trip*

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## **PARTICIPANT RELEASE AGREEMENT**

One form per participant, please

DESTINATION: \_\_\_\_\_ TRIP DATE \_\_\_\_\_

In consideration of participating with the Travel Program of Osher Lifelong Learning Institute at the University of Michigan, the undersigned participant hereby releases and holds harmless the Regents of the University of Michigan and its employees (hereinafter collectively referred to as the “University”) and the Osher Lifelong Learning Institute at the University of Michigan Travel Program (hereinafter referred to as the “Program”) from any and all liability occurring during your participation in the “Program”.

In particular, the undersigned acknowledges that he/she will not hold the “University” or “Program” liable for any expenses, bodily or personal injuries and/or death sustained while participating in the “Program”.

Furthermore, the undersigned acknowledges that he/she is aware and understands the risks involved in such activity, and assumes all risks associated therewith as his/her responsibility.

The terms and conditions of the Agreement shall be legally binding upon the undersigned and his/her respective estate, representative and assigns.

Today’s Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone:

*To be filled only when registering for a field trip*

*Osher Lifelong Learning Institute at the University of Michigan*

**MEMBER HEALTH INFORMATION FORM**

PLEASE PRINT CLEARLY

Today's Date: \_\_\_\_\_

(Information is valid for one year from above date unless indicated otherwise on reverse.)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Medical Information Section**

[This Member Health Information Card is strictly confidential. It is essential that we have this completed form in case of any medical emergency during an OLLI event.]

In case of an emergency contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency contact's Alternate phone: (home, work, cell): \_\_\_\_\_

Alternate Emergency contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Alternate Emergency contact's phone (home, work, cell):  
Your Doctor's Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(OVER)

List Medications:

Name	Dosage:	Reason for Taking:
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Allergies:

Other health-related factors the field trip facilitator should know:

I have reviewed this form and all information is currently accurate.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

I have reviewed this form and all information is currently accurate.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

I have reviewed this form and all information is currently accurate.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_