MIAMI UNIVERSITY

## ILR FALL 2026 REGISTRATION

To register online with a credit card, go to: **www.MiamiOH.edu/ilr**
To register by mail: complete this two-sided registration form and send with your check (payable to Miami University) to:

**Miami University, ILR**
**106 MacMillan Hall, 531 E. Spring Street**
**Oxford, OH 45056**

## REGISTRATION FORM - PLEASE USE A SEPARATE FORM FOR EACH PERSON REGISTERING

| Name (First, Last) | First Name to Appear on Your Name Tag |
|---|---|
| Street Address | Birth Year (YYYY) |
| City, State, Zip | |
| Phone# / Cell Phone# / Email (Required); If none, please indicate "none" | |

Your Miami affiliation: ☐ Alum ☐ Emeriti ☐ Retired Staff ☐ Alum & Emeriti/Retired Staff ☐ Current Faculty/Staff ☐ Alum & Current Faculty/Staff
☐ Spouse/Partner of Current/Retired Faculty/Staff ☐ Family has affiliation ☐ No affiliation beyond ILR

## COURSE SELECTIONS

***For hybrid courses, please circle your choice of online or in-person participation.*** *After listing your selections, check appropriate boxes in the Fee Block section for Membership, Supply, and Special Event Fees. Fees not listed on this form are to be paid directly to the instructor on the first day of class, as noted in the course description.*

| | | | |
|---|---|---|---|
| *1* | *online/in-person* | *6* | *online/in-person* |
| *2* | *online/in-person* | *7* | *online/in-person* |
| *3* | *online/in-person* | *8* | *online/in-person* |
| *4* | *online/in-person* | *9* | *online/in-person* |
| *5* | *online/in-person* | *10* | *online/in-person* |

## FEES – MEMBERS MAY TAKE UNLIMITED COURSES FOR ONE LOW SEMESTER FEE

**Membership Fees** – (See page 30 for cancellation policy)

☐ $145 Semester membership fee **Member**
☐ Are you a new, first-time member? If so, please check.

**Instructor Fee Waivers** – Fee membership waivers are available for instructors and coordinators who are teaching/coordinating at least a 3+ week class this term

◯ $0 Instructor membership fee (I'm the sole teacher/coordinator)
◯ $72.50 Co-Instructor membership fee (I'm co-teaching/coordinating)

**Member Special Event/Tour/Supply Fees** (See pg 30 for cancellation policy)

☐ $25 Fall Kickoff Party Luncheon **Member**
☐ $30 Fall Florals **Member**
☐ $15 Relaxing Watercolors **Member**
☐ $15 Your Palette Knife is the Boss **Member**
☐ $15 Making Paper Flowers **Member**

**Non-Member Special Event Fees** (See pg. 30 for cancellation policy)

☐ $25 Fall Kickoff Party Luncheon **Non-Member**
☐ $30 Fall Florals **Non-Member**

## PAYMENT - CHECKS ONLY, CREDIT CARDS ACCEPTED ONLINE ONLY

Total Fees: $_____ ☐ Check # _____ payable to Miami University (Credit cards accepted for online registration only)

## PARKING PASS

**STOP! PLEASE READ**: If you have Internet access, see "PARKING, MAPS, LOCATIONS" on page 30 for electronic parking pass information.

☐ I don't have Internet access and, therefore, can't register myself online for an electronic parking pass. Please register my vehicle.
Car's plate #_____ Make/model _____ Color _____

## GET INVOLVED

Yes, I would like to enrich my ILR experience by volunteering to serve on the following committee(s):

☐ Special Events ☐ Curriculum ☐ Publicity ☐ Proofreading ☐ Finance ☐ Board of Directors ☐ Instructor Support Team

**Complete form on reverse side to finish registration**

MIAMI UNIVERSITY

**ILR Emergency Medical Form**
**Assumption of Risk Release Waiver, and Publicity Permission Form**

| Name | |
|---|---|
| Street address | Sex ☐ Male ☐ Female |
| City, State, Zip | Phone |

I understand that some Institute for Learning in Retirement (ILR) classes and special events include activities which are physical in nature, including but not limited to: walking, hiking, exercise in/out of water, bending, stretching, deep breathing, climbing on/off buses, etc. I hereby assume the risks associated with these and all ILR activities in which I participate. In the event that I am uncomfortable or unsure about my ability to participate in an activity, I will alert an ILR staff member prior to attempting the activity. I agree to follow common safety practices and assist the staff by calling attention to situations which may be hazardous. I understand that I am responsible for all bills for medical care and treatment resulting from my participation in the ILR activities. For safety reasons, non-prescription drugs and/or tobacco use are strictly prohibited during all ILR activities.

Some ILR classes offer wine/beer tasting and/or alcohol consumption. I understand there are physical and medical risks associated with the consumption of alcohol. I agree that I am responsible for making the determination about how much, if any, alcohol to consume during these events and assume all risks associated with consuming such alcohol. I will not use or operate any vehicle in an unlawful manner after consuming alcohol at an event. I understand that my participation in any class involving wine/beer tasting and/or alcohol consumption is completely voluntary on my part, and I am not required or encouraged to do so.

During my participation in ILR activities, I understand that a medical emergency may arise in which I am incapacitated or otherwise unable to make decisions for my personal medical treatment. In such event, the ILR staff will endeavor to furnish the information I provide below to emergency medical staff. I am encouraged, but not required, to provide emergency medical information which could be useful to emergency medical staff, including health conditions (e.g., allergies, chronic conditions), special circumstances (such as religious convictions or legal arrangements), general medical information (e.g., blood type), and my primary care physician. An emergency contact is required.

1. (Voluntary) Emergency Medical Information (see above): _____

_____

2. (Voluntary) Physician Contact Information (name and phone number): _____

_____

3. (Required) Emergency Contact Information: Whom should we notify (someone not attending with you) in case of an emergency?

Name: _____ Relationship: _____ Phone #s: _____

My signature below indicates that I have read the program description and the above participant expectations. I have had the opportunity to ask questions and have them answered. I am confident that I fully know and fully understand the risks, hazards, and physical stresses associated with these activities. I have carefully considered these risks and agree to accept them as part of the activities I have registered for during this ILR term.

I agree that any images or recordings of me taken by or on behalf of Miami University during the ILR activities may be used by Miami University for its future educational and promotional purposes.

On behalf of myself and my heirs and assigns, I knowingly and voluntarily assume all risks associated with the ILR activities and forever release the University, its trustees, officers, employees, agents, students, and sponsors from any and all responsibility or liability for personal injury, death, or property damage sustained by me during or because of my participation in the ILR activities, including damage caused by the negligence of the University, its trustees, officers, employees, agents, students, and sponsors. I UNDERSTAND AND AGREE THAT BY SIGNING THIS FORM, I WAIVE AND FOREVER RELINQUISH ANY AND ALL CLAIMS THAT I MAY HAVE IN THE FUTURE, WHETHER KNOWN OR UNKNOWN, AND WHETHER ANTICIPATED OR UNANTICIPATED, ARISING OUT OF MY PARTICIPATION IN THE ACTIVITIES.

Participant Signature _____ Date _____

*Please return to: Miami University, Institute for Learning in Retirement, 106 MacMillan Hall, 531 E. Spring Street, Oxford, OH 45056*