

# 60 Plus – OLLI at San Francisco State

## Membership Renewal: 2018-2019

**Due by August 15, 2018**

PLEASE PRINT CLEARLY AND EXACTLY AS YOU WISH IT TO APPEAR IN THE 2018 – 2019 ROSTER

Print Name \_\_\_\_\_

Last

First

Address \_\_\_\_\_

City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Home Phone and Area Code \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name/Phone \_\_\_\_\_

- The annual membership fee is \$85, for membership from September 1 through July 31.
- If you would like the monthly newsletter mailed to you, please add \$5 to your dues for a total of \$90.

The newsletter will be emailed to all members who provide an email address.

Make check payable to:

University Corp. SF State/OLLI

**Mail form and check to:**

**Sixty Plus/OLLI**

**San Francisco State University**

**1600 Holloway Avenue, Creative Arts 251**

**San Francisco, CA 941322**

**Meetings are held on the 2<sup>nd</sup> and 4<sup>th</sup>  
Monday of the month**

**\$55 – January 1 – July 31**

***New members only***

### **GET THE MOST SIXTY PLUS-OLLI – JOIN A COMMITTEE**

**Hospitality ~ Arts & Entertainment ~ Membership ~ Mailing**

**Program ~ Tour ~ Education ~ Publicity-Communications ~ Special Events**

***Please circle any that interest you, and you will be contacted by the Committee Chair***

**SAN FRANCISCO STATE UNIVERSITY REQUIRES THAT YOU ALSO COMPLETE AND SIGN THE RELEASE FORM ON THE REVERSE SIDE OF THIS APPLICATION.**



The University Corporation  
San Francisco State

Room ADM 361  
1600 Holloway Ave.  
San Francisco, CA 94132

[ucorp.sfsu.edu](http://ucorp.sfsu.edu)

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO  
PAY CLAIMS**

Activity(ies): Sixty Plus/OLLI at San Francisco State University

Activity(ies) Date(s) and Time(s): September 1, 2018 – July 31, 2019

Activity(ies) Location(s): Included but not limited to: day trips, walking tours, performing arts events, luncheons,  
Within San Francisco and the greater Bay Area, Marin, East Bay and South Bay

In consideration for being allowed to participate in this Activity(ies), on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of the California State University, California State University, San Francisco State University, and their employees, officers, directors, volunteers and agents (collectively “University”) and the University Corporation, San Francisco State and their employees, officers, directors, volunteers and agents (collectively “UCorp”) from any and all claims, **including claims of the University’s or UCorp’s negligence** resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in this Activity(ies), including travel to, from and during the Activity(ies).

I am voluntarily participating in the Activity(ies). I am aware of the risks associated with traveling to, from and participating in the Activity(ies), which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, negligence, conditions related to travel, or the condition of the Activity(ies) location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity(ies), including travel to, from and during the Activity.**

I agree to **hold** the University and UCorp **harmless** from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity(ies), including travel to, from and during the Activity(ies). If the UCorp incurs any of these types of expenses, I agree to reimburse UCorp. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University and the UCorp from all liability, (b) promising not to sue the University and/or the UCorp, (c) and assuming all risks of participating in the Activity(ies), including travel to/from and during the Activity(ies).**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participation Signature: \_\_\_\_\_

Participant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_