

ILR FALL 2025 REGISTRATION

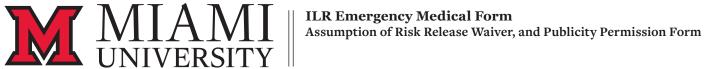
To register online with a credit card, go to: www.MiamiOH.edu/ilr To register by mail: complete this two-sided registration form and send with your check (payable to Miami University) to:

Miami University, ILR 109 MacMillan Hall, 531 E. Spring Street Oxford, OH 45056

REGISTRATION FORM - PLEASE U	SE A SEPARAT	E FORM FOR EACH PERSON REGISTERING	
Name (First, Last)		First Name to Appear on Your Name Tag	
Street Address		Birth Year (YYYY)	
City, State, Zip			
Dhana II		For the Doming All Management of the Asset Management	
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 of Membership, Supply, and Special Event Fees. Fees not listed	r in-person participation d on this form are to be pa	n. After listing your selections, check appropriate boxes in the Fee Block section for id 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)		Instructor Fee Waivers – Fee membership waivers are available for instructors and coordinators who are teaching/coordinating at least a 3+ week class this term	
□ \$145 Semester membership fee Member		□ \$0 Instructor membership fee (I'm the sole teacher/coordinator)	
☐ Are you a new, first-time member? If so, please check.		□ \$72.50 Co-Instructor membership fee (I'm co-teaching/coordinating)	
Member Special Event/Tour/Supply Fees (See pg 30 for cancellation policy)			
☐ \$68 Discover Greene County Bus Trip Fee Member		□ \$25 Making a Marvelous Mosaic Fee Member	
□ \$20 Fall Kickoff Party Fee Member		□ \$10 Climb Every Mountain Fee Member	
□ \$20 Tea at the White Garden Inn Fee Member		☐ \$15 Unlocking the Secrets of Origami Fee Member	
☐ \$16 FNSFA: Cincinnati Music Hall Fee Member			
Non-Member Special Event Fees (See pg. 30 for cancellation policy)			
□ \$85 Discover Greene County Bus Trip Fee Non-Member		□ \$20 FNSFA: Cincinnati Music Hall Fee Non-Member	
□ \$20 Fall Kickoff Party Fee Non-Member		☐ \$25 Making a Marvelous Mosaic Fee Non-Member	
PAYMENT - CHECKS ONLY, CREDIT CARDS ACCEPTED ONLINE ONLY			
Total Faces ©		Mr. 111 1 1/0 11 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total Fees: \$	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	_		

Complete form on reverse side to finish registration





UNIVERSITY	
Name	
Street address	Sex ☐ Male ☐ Female
City, State, Zip	Phone
I understand that some Institute for Learning in Retirement (ILR) of in nature, including but not limited to: walking, hiking, exercise in/of buses, etc. I hereby assume the risks associated with these and a uncomfortable or unsure about my ability to participate in an activi activity. I agree to follow common safety practices and assist the st understand that I am responsible for all bills for medical care and tr safety reasons, non-prescription drugs and/or tobacco use are strict. Some ILR classes offer wine/beer tasting and/or alcohol consumptions.	out of water, bending, stretching, deep breathing, climbing on/ ll ILR activities in which I participate. In the event that I am ty, I will alert an ILR staff member prior to attempting the aff by calling attention to situations which may be hazardous. I eatment resulting from my participation in the ILR activities. For ly prohibited during all ILR activities. on. I understand there are physical and medical risks associated
with the consumption of alcohol. I agree that I am responsible for more consume during these events and assume all risks associated with can unlawful manner after consuming alcohol at an event. I understand/or alcohol consumption is completely voluntary on my part, and	onsuming such alcohol. I will not use or operate any vehicle in and that my participation in any class involving wine/beer tasting
During my participation in ILR activities, I understand that a medic unable to make decisions for my personal medical treatment. In suc provide below to emergency medical staff. I am encouraged, but not be useful to emergency medical staff, including health conditions (e as religious convictions or legal arrangements), general medical informergency contact is required.	al emergency may arise in which I am incapacitated or otherwise h event, the ILR staff will endeavor to furnish the information I required, to provide emergency medical information which could .g., allergies, chronic conditions), special circumstances (such
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: Relationshi	p:Phone #s:
My signature below indicates that I have read the program description opportunity to ask questions and have them answered. I am confider and physical stresses associated with these activities. I have careful activities I have registered for during this ILR term.	on and the above participant expectations. I have had the ent that I fully know and fully understand the risks, hazards,
I agree that any images or recordings of me taken by or on behalf of University for its future educational and promotional purposes.	Miami University during the ILR activities may be used by Miami
On behalf of myself and my heirs and assigns, I knowingly and volut forever release the University, its trustees, officers, employees, agen liability for personal injury, death, or property damage sustained by including damage caused by the negligence of the University, its tru I UNDERSTAND AND AGREE THAT BY SIGNING THIS FORM, I CLAIMS THAT I MAY HAVE IN THE FUTURE, WHETHER KNOW UNANTICIPATED, ARISING OUT OF MY PARTICIPATION IN THE	ts, students, and sponsors from any and all responsibility or me during or because of my participation in the ILR activities, stees, officers, employees, agents, students, and sponsors. WAIVE AND FOREVER RELINQUISH ANY AND ALL VN OR UNKNOWN, AND WHETHER ANTICIPATED OR
Participant Signature	Date