

Campus Center Leisure Programs Registration Form

Please Print

Name _____ Student ID # _____

Address in Hawaii _____ City/ZIP _____

Home Phone # _____ Work Phone # _____ Email _____

Leisure Class _____ Date _____ to _____

If transfer, transfer to:

Class Days _____ Time _____

Cost: UHM Student \$ _____ Community/Guest \$ _____ Room# _____

Credit Card Type: VISA MC Account #: (last 4 digits of account#) _____ Exp: _____

ASSUMPTION OF RISK, RELEASE, AND WAIVER

I, _____ (your name) understand that there are inherent risks and dangers involved in my participation in _____ (class). Including the risk of **PROPERTY DAMAGE, PERSONAL INJURY & DEATH**. I understand that the State of Hawaii, University of Hawaii, and their officers, agents, employees or representatives do not provide liability insurance, or otherwise indemnify me against injuries or any other liabilities arising from my participation in _____ (class) at the University of Hawaii.

Therefore, in consideration of my being permitted to participate in _____ (class), I assume the risk and responsibilities surrounding my participation in _____ (class). I release, agree to defend, hold harmless, and indemnify The State of Hawaii, University of Hawaii and their officers, agents, employees, or representatives from and against all liabilities, claims, demands or causes of actions, including claims for property damage, personal injury, or death **CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF MYSELF AND/OR THE STATE OF HAWAII, UNIVERSITY OF HAWAII OR ITS OFFICERS, AGENTS, EMPLOYEES OR REPRESENTATIVES** arising out of my participation in _____ (class) at the University of Hawaii.

REFUND & TRANSFER POLICY

1. Refunds or transfers are permitted up to the **last working day before the class starts**. Refunds generally take 4-6 weeks to process and mail out.
2. Transfers will be honored for the session which you are registered. Only one transfer within a session will be allowed and it must be to the same type of class.
3. A \$5.00 fee will be assessed for each course withdrawal. This fee will be deducted from the refund amount.
4. **NO REFUNDS WILL BE PROCESSED WITHOUT A RECEIPT**. If payment was made by check, refunds will be processed after the check has cleared, three weeks for local checks, five weeks for out of state checks. Credit card refunds will be credited back to the account within a week.
5. There will be a \$15.00 fee + \$0.10 per month interest charge for all returned checks.

NOTE: If the class is cancelled by the LEISURE PROGRAMS, then a full refund will be issued to the student.

**I have read and understand the Campus Center Leisure Program's
Assumption of Risk, Release, and Waiver/Refund & Transfer Policy**

Participant's Signature _____

_____ Date

Parent or Guardian if participant is under 18 years of age _____

_____ Date

PLEASE DO NOT WRITE BELOW - OFFICE USE ONLY

Date: _____

Staff Initial: _____

267 _____ 271 _____ 272 _____

Cash _____

TC _____

Credit Card Authorization #: _____

Bank: _____

Check #: _____

Issuing State: _____

Transaction # _____

If paid by someone else,

Name of the person: _____