

**Campus Center Leisure Programs Registration Form**

Please Print

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address in Hawaii \_\_\_\_\_ City/ZIP \_\_\_\_\_

Home/Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Leisure Class \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

Class Days \_\_\_\_\_ Time \_\_\_\_\_

Cost: UH 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: \_\_\_\_\_

Cash \_\_\_\_\_

Bank: \_\_\_\_\_

TC \_\_\_\_\_

Check #: \_\_\_\_\_

Credit Card Authorization #: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Transaction # \_\_\_\_\_

If paid by someone else,

Name of the person: \_\_\_\_\_