



# Trip Registration • Winter-Spring 2020

Office Use Only: Date Entered \_\_\_\_\_ By \_\_\_\_\_ Receipt: \_\_Email \_\_Mail \_\_Oasis

**Trip registration will begin on Friday, January 3 at 10:30am**

Name \_\_\_\_\_  
(Please print clearly) (Last Name) (First Name) (MI)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Trip #	Trip Title	\$	# of Spaces (max 2)	Total Fee
328	Studio Tour	25		
429	Supreme Court Tour	25		
			<b>Total amount due:</b>	

### WAIVER OF LIABILITY

I, for myself and my executors, administrators and assignees do hereby release and discharge Oasis and Macy's Inc. and all other sponsors, supporters, and all agents and persons acting for and on behalf of such entities from all claims or damages, demands or actions whatsoever in any manner related to or growing out of my participation in programs sponsored by Oasis and/or Macy's Inc. including but not limited to: educational, cultural, volunteer, physical-fitness-related programs and travel in any form. I attest and verify that I have full knowledge of the risk involved in physical fitness activities and that I have obtained approval from my physician to participate in same. I understand that all program fees are non-refundable except as provided in the Oasis refund policy. I give permission for The Oasis Institute to photograph or videotape me and to use my name and image in Oasis materials and publicity. I authorize the use of my name and image in publications produced by The Oasis Institute's partners and by the media. I agree to be photographed or videotaped by the media for general publication. **I agree to adhere to the Oasis Participant Code of Conduct listed on page 67 and available at the Oasis center.**

Signature: \_\_\_\_\_  Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Mail registrations to : Oasis, c/o Macy's Home Store • 7125 Democracy Blvd • Bethesda, MD 20817**

Please charge my credit card:  VISA  MasterCard  Discover  
(preferred)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Enclosed is my check payable to Oasis  Cash

Office Use Only: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \$ \_\_\_\_\_