



# Oasis Class Registration

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

Duplicate copies of this form can be printed from the Oasis website.

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

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

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

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

Class #	For hybrid class, indicate At Oasis or Zoom	Class Title	Fee
Tax Deductible Donation:			
Total:			

☐ Please charge my credit card: ☐ VISA ☐ MasterCard ☐ Discover

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

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

☐ Enclosed is my check payable to Oasis ☐ Cash

## 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 agree to follow all covid-related health and safety guidelines as indicated on the Oasis website.

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

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