

OASIS CLASS REGISTRATION



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

Name _____
(Please print clearly) (Last Name) (First Name) (MI)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Email Address _____

New Participants: Date of Birth ____/____/____ How did you hear about Oasis? _____

Class #	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 Check # _____ ☐ 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#: _____