

ROWAN UNIVERSITY STUDENT RECREATION CENTER MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE:



NAME _____ Birth date _____

ADDRESS _____ City _____ State _____ Zip _____

PHONE Home _____ Work _____

EMAIL _____

How did you find out about the Recreation Center? Recreation Center or University Brochure

Alumni Magazine _____ Friend/Relative _____ Word of Mouth _____ Other _____

Please check where appropriate

_____ FAC./STAFF/ADMIN. _____ ADJUNCT _____ RETIREE _____ SPOUSE

_____ DEPENDENT _____ ALUMNUS _____ ASSOCIATE _____ COMMUNITY

Membership Period _____ Yearly _____ Fall _____ Spring _____ 3month _____ Special

If Spouse, Dependent or Associate

NAME OF SPONSOR _____ MEMBER # _____

Person to notify in case of emergency:

Name _____ Phone _____

1. I agree to follow all instructions, rules and regulations of the University regarding use of the Student Recreation Center and understand that my violation of any instruction, rule or regulation, or willful destruction of any area shall be sufficient grounds to bar my continued use of the Student Recreation Center. All policies are subject to change without notice.

2. The Student Recreation Center is not responsible for theft or damage to personal property or valuables left on the ground.

3. I understand that my membership is non-refundable and non-transferable.

4. Falsification of any information on this Membership Application will cause suspension or termination of member privileges.

5. **WAIVER AND RELEASE:** In consideration of my being permitted to use the facilities of the Student Recreation Center at Rowan University (hereafter collectively referred to as the "Facilities"), I hereby voluntarily assume any and all risks of personal injury which might be associated with my use of the "Facilities" as I am aware of the risks of bodily injury or death which might result from physical exertion or my use of the fitness equipment or the exercise areas of the "Facilities." I further voluntarily release and forever discharge the Trustees of Rowan University, its successors, assigns, trustees, officers, students, employees and agents from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss or damage or injury (including death) that I may sustain by reason of physical exertion or the fitness equipment or exercise areas of the "Facilities." I hereby certify that I am in good physical condition and that a licensed physician has verified that my physical condition is at a sufficient level to enable me to use the "Facilities" safely. This release shall be binding upon my executors, administrators, heirs, successors and assigns. I am 18 years of age or older. I have read and fully understand this Waiver and Release voluntarily. I intend this Waiver and Release to be legally binding upon myself and my executors, administrators, heirs, successors, and assigns.

Applicant's Signature _____ Date _____

(Signature of Parent or Guardian if under 18 years of age)

OFFICE USE ONLY

DATE _____ AMT PAID _____ PAYMENT TYPE _____ ID TYPE _____

MEMBERSHIP TYPE/LENGTH _____ MEMBER ID# _____ INITIALS _____

☐ Parking Pass ☐ Hours Info. ☐ Correct Sponsor (if nec.) ☐ Confirm Phone # & Address ☐ Active/Expir.