

**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.