

ASHLAND UNIVERSITY RECREATION CENTER MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:			
Date of Birth:	Eagle Card ID Number:	<input type="checkbox"/> Request New Card Printed	Gender:
Campus/Resident Address:			
City:	State:	ZIP Code:	
Email:		Phone:	
Emergency Contact:		Relationship:	
Emergency Contact Phone Number:		Cell Home Office (Please circle)	

MEMBERSHIP TYPE

Purple Membership	Alumni Membership	Community Membership
Affiliation <input type="checkbox"/> Graduate Student <input type="checkbox"/> Retired Faculty/Staff <input type="checkbox"/> Seminary Student <input type="checkbox"/> Trustee <input type="checkbox"/> PT Student <input type="checkbox"/> Adjunct/Supplemental <input type="checkbox"/> FTUG Student <input type="checkbox"/> Casual Employee <input type="checkbox"/> Spouse (Spouse Name: _____)	Affiliation <input type="checkbox"/> Alumni <input type="checkbox"/> Alumni Spouse (Spouse Name: _____)	Affiliation <input type="checkbox"/> Community Member **Main member must be at least 18 years of age **NEW Community Members must pay initiation fee
<input type="checkbox"/> Individual - \$94/Semester (Prorated: \$47) <input type="checkbox"/> Family - \$240/Semester (Prorated: \$120) <input type="checkbox"/> 30 Visit Pass - \$73 (excluding adjunct/supplemental & casual employees & their spouses)	<input type="checkbox"/> Individual - \$130/Semester (Prorated: \$65) <input type="checkbox"/> Alumni & Spouse - \$682/Year <input type="checkbox"/> Family - \$326/Semester (Prorated: \$163) <input type="checkbox"/> Family - \$852/Year <input type="checkbox"/> 30 Visit Pass - \$112	<input type="checkbox"/> Individual - \$240/Semester (Prorated: \$120) <input type="checkbox"/> Family - \$600/Semester (Prorated: \$300) <input type="checkbox"/> Initiation Fee - \$20/adult

MEMBERSHIP DURATION

<input type="checkbox"/> Prorated Summer (7/5/24-8/25/24)	<input type="checkbox"/> Fall (8/26/24-12/20/24)	<input type="checkbox"/> Spring (1/2/25-5/3/25)
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FAMILY MEMBERSHIP INFORMATION

Spouse Name:	E-mail:
Spouse Phone:	Gender:
Legal Dependent:	DOB:
Legal Dependent:	DOB:
Legal Dependent:	DOB:

ENHANCED SERVICES

Locker Rental \$30/Semester (Prorated: \$15)

FEES & PAYMENT

Semester Membership Fee _____ x # of Semesters..... +
 Enhanced Services..... + Initiation Fee (Community Members Only) _____ = **Total Cost** _____

PAYMENT OPTIONS

Cash Check (Check # _____) Credit Card: VISA MC DISC AMX
 (Please Circle) Dept. Transfer (Date Paid: _____)

Payroll Deduction (Faculty/Staff Only)
 *Cannot be used for 30 Visit Pass **Signature of Employee (for payroll deduction):** _____

SIGNATURES

The payment is non-refundable except for situations approved by the Director of Recreation & Wellness. \$5.00 replacement fee for all cards. Signature confirms that you agree to the terms and conditions of Ashland University Recreation Center membership and the rules and regulations of the recreation center policies.

*If signing for a potential member that is eligible through your affiliation with Ashland University: I hereby certify that the person for whom this membership is requested is my legal spouse or now legal dependent (biological, legally adopted, or legal stepchild) and will remain my legal dependent while the membership is being used. I also understand that they must be 26 or younger and living at my residence. I further agree that my membership and my entire family will forfeit all Recreation Center privileges if I have given any incorrect information.

Signature: _____ **Date:** _____

For Office Use Only Received by: _____ Date: _____	All Rec Center members must have a parking pass. If you do not have a parking pass, please pick one up at Safety Services. *Please park in the Samaritan Lot. (Lot B)
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****SIGNATURE REQUIRED ON REVERSE SIDE (LIABILITY FORM)****

**Ashland University
Athletic & Recreational Facilities
Acknowledgement of Risk, Release, Waiver of Liability,
and Medical Authorization for Participants**

In consideration of being permitted by Ashland University to use its facilities and/or participate in any programs or activities offered by Ashland University, I agree to the following:

I hereby acknowledge the inherent risks associated with using fitness equipment, equipment on the premises, but not owned by Ashland University (i.e. inflatables such as bounce houses, etc.), facilities (including the swimming facilities, if applicable), as well as participating in "virtual" or "online" programs and events, and that such risks include, but are not limited to:

1. Falling and making contact with solid surfaces, including the floor and projections;
2. Drowning or inhalation of water (if applicable);
3. Exposure to or injuries in the water and/or its chemicals (if applicable);
4. Collisions with others associated with exercise or group activities;
5. Failure of fitness equipment, including, but not limited to, treadmills, stair climbers, elliptical machines, and weight machines;
6. Failure to follow employees' or other authorities' instructions or failure to ask for information or assistance;
7. Overuse injuries; and/or
8. Injuries resulting from the actions or omissions of myself or others using the facilities and equipment.

I understand that these risks carry with them the possibility of serious or debilitating injury or death, including losses that may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. I further understand that the dangers and risks of participation in the above activities may result not only in serious injury, but in a serious impairment of my future abilities to learn, earn a living, engage in other business, social and recreational activities and generally to enjoy life.

Despite the inherent risks associated with these programs and activities, some of which are outlined above, I consent to my participation in such activities at Ashland University. I acknowledge that I am in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent me from safely participating in such activities.

I agree that I will be required to abide by all rules and regulations and that if I fail to abide by such rules and regulations, I will not be allowed to participate in any further programs or activities.

In consideration for being granted the opportunity to participate in the activity described above, arranged in part, or located at Ashland University, I, myself, my executors, administrators, heirs and assigns, do hereby release and forever discharge Ashland University and its Board of Trustees, its administrators, officers, employees, agents and students from any and all claims for loss, damage, injury or cost, and any action whatsoever, including but not limited to those based on negligence, that I might have myself or could bring on my behalf, and which arise in any manner out of my participation in this activity. I understand that this Release means, among other things, that I am giving up my right to sue Ashland University and its Board of Trustees, its administrators, officers, employees, agents, and students for any such loss, damage, injury or cost that I may incur. I also hereby agree that in the event any claim arising out of or incidental to personal injury, death, or any damages to me shall be filed against any Released Parties, I shall indemnify and hold harmless such Released Parties against any and all claims, including attorney fees incurred by the Released Parties in defending any such claims.

In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with programs or activities, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of Ashland University, including student employees, or emergency personnel, (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment, and I agree to hold Ashland University, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from all costs associated with such treatment.

I ACKNOWLEDGE THAT BY SIGNING FOR MYSELF AND/OR MY MINOR LEGAL DEPENDENT, I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.

_____	_____	____/____/____
Full Legal Name (Printed)	Signature	Date
_____	_____	
Phone Number	Emergency Contact Name & Phone Number	
_____	_____	____/____/____
Minor's Legal Name (Printed)	Relationship (indicate parent or guardian)	Minor's Date of Birth
_____	_____	____/____/____
Minor's Legal Name (Printed)	Relationship (indicate parent or guardian)	Minor's Date of Birth
_____	_____	____/____/____
Minor's Legal Name (Printed)	Relationship (indicate parent or guardian)	Minor's Date of Birth