



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name	Banner Number:	
DOB:	Department:	Phone:
Current address:		
City:	State:	ZIP Code:

**For Individuals who have a physical disability, you are encouraged to contact the Director of the Center for any accommodations that you may need

EMERGENCY CONTACT

Name:	Relationship:
Phone:	

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:	
Date of Birth:	Phone:

MEMBERSHIP CATEGORIES

CATEGORY	SEMESTER FEE	ANNUAL FEE	DAILY FEE
Full time Students	Included in tuition fees	Included in tuition fees	Included in tuition fees
Faculty/Staff	Payroll Deduction \$10/month	\$120	\$N/A

SIGNATURES

I authorize the verification of the information provided on this form as to my employment. I have received a copy of this application.

Signature of Applicant _____ Date: _____

Signature of full-time staff _____ Date: _____

Membership Period: New Renewal

 Annual Fall Semester Spring Semester Summer

Please submit payroll deduction form to Campus Recreation Staff

Office Use Only:

Date of Payroll Deduction submitted _____ (Payroll Deduction form must be completed)

**AGREEMENT FOR ASSUMPTION OF RISK, INDEMNIFICATION, RELEASE,
AND CONSENT FOR EMERGENCY TREATMENT**

I, _____ (print name), last 6 digits of banner _____, desire to participate voluntarily in recreational activities at North Carolina A & T State University Campus Recreation Center.

I UNDERSTAND THAT **THIS IS A RELEASE OF LEGAL RIGHTS**. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT ROBERT MCNAIR, DIRECTOR OF THE CAMPUS RECREATION CENTER AT TELEPHONE NUMBER 336-285-4230. **BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.**

Assumption of Risks:

In exchange for University granting me use of the Campus Recreation Center a privilege at the University, I, the signing party, voluntarily assume any risk involved in connection with using the facility. I understand that University staff may not directly supervise use of the Facility and/or equipment and by using the Campus Recreation Facility, I become subject to a risk of injury including, and without limitation: any temporary or permanent muscle soreness; sprain; strain; cut; abrasion; bruise; damaged ligament or cartilage; injured head, neck or spine; lost use of any arm or leg; eye damage; disfigurement; coronary failure; or death. I also recognize that any foreseeable or unforeseeable risk of injury or death may occur as a result of using the Campus Recreation Facility. Further, I recognize than any other person's action in connection with their use of the Campus Recreation Center Facility may cause harm or loss to Participant's person or property.

I also affirm that Participant is voluntarily utilizing the Campus Recreation Center Facility and further acknowledge that I know, understand, and appreciate the inherent risks of physical exercise and physical activity. I know that use of this facility could involve strenuous, sustained activity that can severely tax both a person's cardiovascular and muscular systems. I know that using the Campus Recreation Facility can result in a broad range of injuries that include, without limitation: sprain, pulled muscle, knee or joint injury, paralysis or death. I assume full responsibility for any applicable injury or damage. I affirm and voluntarily assume risk for any injury that results in connection with utilization of the Campus Recreation Facility.

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in Campus Recreation activities, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release North Carolina A&T State University, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence from North Carolina A&T State University, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Consent for Emergency Treatment:

I authorize North Carolina A & T State University and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

NOTE: The University strongly encourages each prospective participant to consult with a physician before participating in any physical activity to determine any potential condition that may adversely affect that prospective participant's activity. The University encourages any person having any pre-existing condition to wear a medical alert bracelet or neck tag indicating any appropriate medical information. The University strongly recommends each participant to have a medical insurance policy that covers any injury or illness that occurs due to utilization of the Campus Recreation Center Facility

Membership fee includes access to all facility areas while programs such as Intramural Sports, individual fitness programs, non-credit instruction and other recreation activities may have additional fees.

Memberships are NON-REFUNDABLE.

Signature: _____ Date _____

Signature of Parent
or Legal Guardian _____ Date _____

(If participant is under the age of 18)