

Recreation Center Membership Application

Check one: Graduate Student Faculty Staff Retiree Alumni Community Associate Summer Undergrad

Please print

Name of Applicant: _____
(Last) (First) (MI)

Date of Birth: _____ ID#: _____ Male _____ Female _____

Local Address: _____
(Street) (City/State/Zip)

Phone (H): _____ (W): _____ E-mail Address: _____

Insurance Company _____ Policy Number _____

Emergency Contact Name _____ Phone Number _____

PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, for myself and my sponsored dependants, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me or my sponsored guests or dependents, in, on, or about the premises of the facility and do hereby fully and forever release and discharge RICE UNIVERSITY, the Board of Trustees, employees, and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the facility and thereof equipment associated.

I, the undersigned, for my sponsored dependents, and myself further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse RICE UNIVERSITY for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the Recreation Center staff is not responsible for any lost, stolen, or damaged personal belongings.

I, the undersigned, have received the Recreation Center user's guide and understand there are limitations to my membership as outlined in the handout.

I, the undersigned, certify that the information I have given in this application is complete and accurate.

Applicant's Signature: _____ Date: _____

(Complete only if also purchasing a membership for your spouse/domestic partner and family)

Please Print

Name of Spouse/Domestic Partner: _____
(Last) (First) (MI)

Date of Birth: _____ ID#: _____ Male _____ Female _____

Local Address: _____
(Street) (City/State/Zip)

Phone (H): _____ (W): _____ E-mail Address: _____

Name of Dependents:

1. _____ 2. _____
(Name) (Date of Birth) (Name) (Date of Birth)

3. _____ 4. _____
(Name) (Date of Birth) (Name) (Date of Birth)

Spouse/Domestic Partner's Signature: _____ **Date:** _____

RECREATION CENTER STAFF USE ONLY

Membership Type: Full Membership P1 T1

Status: Faculty Staff Spouse/Domestic Partner Family/ Alumni Spouse Family/Domestic Partner Student Grad Spouse/Domestic Partner Retiree Spouse/Domestic Partner/ Undergrad (summer only)

Session: Annual Fall Spring Summer

Fee amount: \$ _____ Cash Check _____ (check #) Credit Card *Payroll Deduction

Expiration date of Membership: _____ Staff Name: _____

(Please print clearly)

***payroll deduction must complete payroll form.**