

LONGWOOD UNIVERSITY FITNESS CENTER MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name		LU Number:	
DOB:	LU 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:
Phone:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:	
Date of birth:	Phone:

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED (Must be under 18)

Name	Date of birth:
Name	Date of birth:

MEMBERSHIP CATEGORIES

Category	Semester Fee	Annual Fee	Daily Fee
Student	Free	Free	Free
Spouse of Student	\$40	N/A	\$5
Student Family	\$80	N/A	\$8
Guest of Student	N/A	N/A	\$5
Faculty/Staff	\$60	\$120	\$5
Faculty/Staff Couple	\$120	\$240	\$8
Faculty/Staff Family	\$150	\$300	\$12
Guest of Faculty/Staff	N/A	N/A	\$5

SIGNATURES

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

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:

New € Renewal €

Membership Period: Annual € Fall Semester € Spring Semester € Summer €

Office Use Only:

Membership # _____ Category _____ Expiration _____
 Total Paid \$ _____ Check (#) _____ Cash _____
 Payroll Deduction _____ *(Payroll Deduction form must be completed)*

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

I, _____ (print name), age _____, desire to participate voluntarily in recreational activities at Longwood University Campus Recreation.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT MATT McGREGOR, DIRECTOR OF CAMPUS RECREATION, AT TELEPHONE NUMBER 434-395-2356.

Assumption of Risks:

I understand that physical activity related to Campus Recreation, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Longwood University. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

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 Longwood 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 Longwood 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 Longwood 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.

- Guests must be accompanied by their sponsor.
- Dependants and youth guests under 18 years of age must be accompanied by an adult.
- Membership fee includes access to all facility areas and some programs. Programs such as Intramural Sports, individual fitness programs, non-credit instruction and outdoor recreation activities may have additional fees.
- Memberships are non-refundable except for separation from Longwood University. Any contract that is not completed is subject to a \$25 administrative fee.

Signature: _____

Date: _____

Signature of Parent or Guardian

If Participant is under 18*: _____ Date: _____

**If your son, daughter or ward will be under 18 while participating in recreational activities at Longwood University Campus Recreation, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.*