

STUDENT MEMBERSHIP APPLICATION

MEMBER INFORMATION

Are you a new member? Yes No

Do you need a membership card? Yes No

First Name: _____ Last Name: _____ Birthdate: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

CARD NUMBER

STUDENT MEMBERS

STUDENT SPOUSE MEMBERS

Please list your 8-digit Ferris ID Number: _____

Please list your 4-digit UREC ID Number: _____

SPOUSE & DEPENDENTS

<u>Name (First and Last)</u>	<u>Relationship</u>	<u>Birthdate (MM/DD/YY)</u>	<u>ID or Card #</u>	<u>Card Needed? (Y/N)</u>
Student:	Spouse			No

SELECT MEMBERSHIP TYPE

	<u>Student</u>	<u>Student Spouse</u>	<u>Couple</u>	<u>Family</u>
<u>Semester</u>	\$46.50	\$69.50	\$116.00	136.00

DISCOUNTS

- Senior Citizen (Ages 55+)
- Half-Off Memberships

PAYMENT

All memberships are for the entire commitment period and are non-refundable.

- Cash
- Check
- Credit Card
- Gift Certificate
- Payroll Deductions
- Ferris State Account

Total: \$ _____



MINORS IN OUR FACILITIES:

POLICIES & PROCEDURES

- Minors must be accompanied by a parent/guardian or sponsor (any member 18 years or older) to enter the Student Recreation Center and the Racquet & Fitness Center.
- Minors entering with sponsors listed **on this membership application** need not complete additional minor waivers; minors entering with sponsors **other than those listed on this membership application** must have a completed minor waiver signed by their parents/legal guardians at the time of entry.
- Parents/Legal guardians or sponsors must provide direction supervision for their minors at all times.
- No more than four minors are allowed per parent's/legal guardian's or sponsor's supervision.
- Minors are not allowed to use the Student Recreation Center's weight room or the Racquet & Fitness Center's free weights.

Member Initials: _____

TERMS & CONDITIONS

As the parent/legal guardian/responsible adult of the above minor, I, the undersigned, am at least 18 years of age and **legally** responsible for my minor child whose name is printed above. I am signing this document because I wish to allow my child to use the Student Recreation Center, Racquet Facility, and/or related facilities at Ferris State University while in my presence. I understand I am responsible for accompanying my child at all times.

I understand and have considered the dangers, hazards, and risks related to my child's usage of the applicable facilities. In consideration of my child being allowed to use the facilities, I agree to assume all risks and responsibilities related to such use. I will ensure my child and I will abide by the terms and conditions of the facilities' membership application (if applicable).

I release, waive, discharge, & covenant to not sue Ferris State University, its governing board, officers, agents, employees, and/or students (the "released parties") from and against any and all liability for any harm, injury, damage, claim, demand, action, cause of action, cost, and/or expense of any nature I may have or accrue to me, my spouse, family member, person, or entity. This includes any of the listed effects arising due or related to any loss, damage, or injury that may be sustained by my child or his/her property related to use of or access to the facilities, unless caused by the gross negligence of the released parties.

I agree to hold harmless, indemnify, and defend the released parties from any claim by me, my spouse, family member, person, or entity arising due or related to my child's use of the facilities.

I have read this document, understand its terms, and after careful consideration knowingly and voluntarily sign below. I understand this document will remain effective for one (1) year from today's date or until the above minor reaches the age of 18 years old.

Member Initials: _____

MEMBERSHIP TERMS AND CONDITIONS:

I understand the Student Recreation Center and the Racquet & Fitness Center will make every effort to remain open for as long as possible during Ferris State University breaks; however, reduction in hours may be necessary. Pool hours will vary depending on staffing. I understand the facilities will be closed on the following holidays: New Year's Eve, New Year's Day, Easter, Independence Day, Labor Day, Memorial Day, Thanksgiving, Christmas Eve, and Christmas Day.

I understand if I lose, get rid of, or damage my community membership card, a replacement will be administered for \$5.00.

I have volunteered to participate in a program of progressive physical exercise and have accepted responsibility for my health and well-being, as well as requesting such exercise and assistance. I am advised to obtain a physician's approval for participation in a progressive exercise and fitness program, especially if I have a heart and/or blood pressure condition and was recommended either medication or only medically-supervised activity, had bone, joint, or chest pain that developed, was brought on, or was aggravated by physical activity especially within the past month, lost consciousness or fallen as a result of dizziness on one or more occasions, been made aware through my own experience or a doctor's advice of any physical reason prohibiting me from exercising without medical supervision, or am a male over the age of 45 or female over the age of 55. I understand no responsibility is assumed by the leaders of the program or by Ferris State University, and waive any possibility of recovery from personal damage that may be blamed upon the program in the future.

**All memberships are for the entire commitment period and are non-refundable.
All members who are 18 years or older must sign the membership application before submission.**

Member Signature _____ Date _____ Spouse/Dependent Signature _____ Date _____

Dependent Signature _____ Date _____ Dependent Signature _____ Date _____

Dependent Signature _____ Date _____ Dependent Signature _____ Date _____