



*Alumni* Membership Registration

Activation Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Attach Copy:  
Proof of Graduation   
Government Issued ID

**Member Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation to Member: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Membership Package:**

\_\_\_\_\_ Week \$15  
\_\_\_\_\_ Month \$40  
\_\_\_\_\_ Summer \$100  
(5/18/2015–8/18/2015)

I agree to abide by the policies and procedures of the LaHaye Student Union and the Liberty Way. I know that I have access to the policies and procedures of the student union upon request. I also agree that falsifying any information on this form will result in a loss of membership privileges without refund. I understand that throughout the year the LaHaye Student Union may be closed due to university closures, holidays, facility maintenance, etc. Memberships will not be refunded or reimbursed in any way for these closure dates. Closures will be posted at the LaHaye Student Union Front Desk as well as on the university splash page. Alumni members will be required to show proof of graduation when purchasing tier and weekly packages. Alumni members are required to show government issued ID and membership card each time when entering the facility. All Alumni membership will end effective 7/31/2014.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

|                                      |                         |                     |
|--------------------------------------|-------------------------|---------------------|
| <b>For Office Use Only:</b>          | Manager Initials: _____ | Today's Date: _____ |
| Amount Due: _____                    | Amount Paid: _____      | Date Paid: _____    |
| _____<br>Payment Received by [Print] | _____<br>Signature      |                     |

## Assumption of Risk/Agreement Form

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\*\*Please consult a physician prior to any form of physical activity\*\*

I am aware that playing or participating in fitness related event/activity can be a dangerous endeavor involving many risks of injury. I understand that the dangers and risks of playing or participating in a fitness related event/activity include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis and/or brain damage; serious injury of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risk of playing or participating in a fitness related event/activity may result in not only serious injury but also in serious impairment to my future abilities to earn a living, engage in other business, social and recreational activities, and generally to enjoy life. \_\_\_\_\_

In engaging in physical activity or participating in the above event, I hereby assume all the risks associated with participation and agree to hold Liberty University, its employees, agents, representatives, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities/events related to the above activity/event in which I hereby participated in. The terms hereof shall serve as a release of assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family, and hold harmless, defend, and indemnify Liberty University. \_\_\_\_\_

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE LIBERTY UNIVERSITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

\_\_\_\_\_  
*Date of Birth (dd/mm/yyyy)*

\_\_\_\_\_  
*I.D. # (student or staff only)*

\_\_\_\_\_  
*Member Name (print)*

\_\_\_\_\_  
*Participants under age of 18 must have legal guardian sign*

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date: (mm/dd/yyyy)*