Recreational Sports Division of Student Affairs

Membership Application and Contract

Name									
Social Security Number – –			VCU Card Number (16 digits)						
Campus Address: Department		PO Box I	Number						
Home Address:	City				State	ZIP Code			
Campus Phone: () –		Email Ac	ldress:			@	.∨0	cu.edu	
Home Phone: () –		Pager: ()	_		Ext.		
Place an X i	n the box beside	your status and	fill in the	corres	ponding bla	nks:			
Faculty of VCU Department:									
Staff of VCU Department:									
Faculty / Staff Spouse — Faculty / Staff Name	2:				Faculty / Staf	f SSN:	_		
MCV Physicians – Department:									
Alumnus/a of VCU – Date of Graduation:									
Alumnus/a Spouse – Alumus/a's Name:					Alumnus/a S	SN:	-	_	
Research Park Employee – Company Name	2.								
Student Spouse – Student's Name:					Student's SSI	N:	_		
Distinguished Visitor:									
I understand that I will be responsible for Virginia Commonwealth University. I have receiv conditions set forth in them. I understand that I are posted in the facilities and will follow the re If I choose to cancel my membership prican administrative fee of \$10.00 assessed througemployment with the university is terminated. C	red a copy of the R am also responsible quests of the staff or to the usual expired payroll deduction	ecreational Sport to abide by all hired to interpro- ration date for r n to process the	ets Guideline of the current and enformations reasons other cancellati	es and F rent gui force the her than ion. A p	Procedures, and delines of the ese policies. In employmer prorated refu	d I acknowle Recreation at separation nd is guaran	edge that I valued Sports D n, I understa teed only i	will abide by the Department that nd there will be If the individual's	
I understand if I do not meet the		,			<u> </u>				
responsibility.		5	, , ,		e.				
Signature	FOI	Date R OFFICE USE	ONLY	VV	itness				
STAFF PROCESSING					DATE				
NEW MEMBERSHIP TEMPORARY PASS	EXPIRES: /	/	REI	NEWAL	. (Membersh	ip No.)	
Application/Contract received at									
MCV Campus Recreation & Aquatic Center		Cary Street Recre	eation Com	ıplex		Stuart C. S	iegel Center		
Cash OR Check Number:		Receipt N	Number:		Payroll Ded	uction:			
Rate:	Amount Paid:				Expiration D	ate: /	/		
Administrative Rev iew:	Date /	/ Date en	tered in dat	abase	/ /	by			

Recreational Sports Division of Student Affairs

Release and Waiver of Liability

Please read this document carefully before signing. If there are any questions concerning this document, contact the Director of Recreational Sports.

SSN:

I desire to participate in the Recreational Sports Fitness Programs at Virginia Commonwealth University (herein after as VCU). By my signature below, I acknowledge that participation in the activities involves an inherent risk of physical injury. I acknowledge and voluntarily as-

I realize that participation in this activity is a privilege and not a right, and that in consideration of VCU allowing me to participate in the Fitness Programs and recreational activities under the sponsorship of Recreational Sports, for which or in connection with which the University has made available any equipment, facilities, grounds or personnel, I CERTIFY THAT I AM FULLY RESPONSIBLE FOR MY PARTICIPATION IN ACTIVITIES, AND DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE VCU, RECREATIONAL SPORTS, ITS AGENTS, OFFICERS, INSTRUCTORS, EMPLOYEES OR REPRESENTATIVES FROM ANY AND ALL RESPONSIBILITIES, CLAIMS AND/OR LIABILITY FOR BODILY INIURIES OR DAMAGE TO MYSELF, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY ANY REASON WHATSOEVER, IN-

I understand that VCU does not provide any medical, life or accident insurance for participants and that the Recreational Sports office strongly recommends that all participants have a medical insurance plan. I fully understand that I am personally responsible for all medical ex-

Further, I understand that this release and waiver of liability shall be effective for a period of one year from this date.

sume the risk of those injuries, regardless of severity, which may occur as a result of my participation.

penses, which I may incur as a result of treatment received for injuries sustained during my participation.

Name (print)

CLUDING NEGLIGENCE, GROSS OR OTHERWISE.

Birth Date:

	Witness's Printed Name	Date
	Participant's Signature	Date
an	I, the undersigned, am at least 18 years of age and hereby d fully understand its significance.	certify that I voluntarily sign this release, that I have read all of its provisions, Revised August 2001
tify	v that I meet all eligibility rules governing participation in the F	
sta ity qu tha am	at would prevent my participation in any of the activities and pated. I do hereby acknowledge that I have been informed of the or in the use of exercise equipment and machinery. I also ack tent physical examination and consultation with my physician at I might have recommendations concerning these fitness activination and have been given my physician's permission to participation.	and suffering from no conditions, impairment, disease, infirmity, or other illness programs of VCU or use of equipment or machinery except as hereinafter the need for a physician's approval for my participation an exercise/fitness activitions activities that it has been recommended that I have a yearly or more frests to physical activity, exercise, and use of exercise and training equipment so vities and equipment use. I acknowledge that I have either had a physical exticipate, or that I have decided to participate in activity and/or use of equipment by assume all responsibility for my participation and activities, and utili-
soi ma Th	participation in moderate exercise and vigorous exercise and ns with two or more risk factors or one or more signs or symales (45 and females (55 years of age. This is not required for	ne (ACSM) recommends (A) medical examinations and exercise testing prior (B) physician supervision of exercise tests for submaximal testing for (I) perptoms, (2) persons with known cardiac, pulmonary, or metabolic disease, and individuals with no symptoms for moderate exercise or submaximal testing. e individuals (40 years of age without symptoms or known presence of heart e no supervision or monitoring.