

AUM Wellness Center
Payroll Deduction Authorization
12-month membership



AUBURN MONTGOMERY
WELLNESS CENTER

Name (Please print, as listed with AU Payroll)
 First: _____
 Last: _____
 Employee ID Number _____

Payroll Status

Monthly _____ Semi-Monthly _____ Biweekly _____

Membership Type	Monthly rate/Biweekly rate (paid in 12 installments)	Semi-Monthly rate (paid in 10 installments)	
AUM employee	\$ 30.00	\$36.00	_____
Spouse	\$ 10.00	\$12.00	_____
Dependent	\$ 10.00	\$12.00	_____
Dependent	\$ 10.00	\$12.00	_____
Dependent	\$ 10.00	\$12.00	_____

Annual Total: _____ **Monthly, Semi-Monthly or Biweekly Total:** _____

These fees will be payroll deducted from the first payroll check received, starting with the first month of membership. A monthly or biweekly charge (depending on payroll status) will appear on your payslip as an after-tax deduction. If your current payroll has insufficient funds to cover your deduction, out-of-pocket payment will be owed.

You must fulfill an initial 12-month commitment before ending the deduction. This deduction will recur until ended by the Wellness Center at the end of a membership year unless membership is renewed for the next year. Termination of membership does not release the employee from the obligation to pay an outstanding balance. Please alert the Member Services department of the Wellness Center if your payroll status ever changes.

My signature below indicates that I have read and agreed to the above terms and authorizes my payroll to be deducted for the outlined charges.

Signature: _____ Date: _____



Auburn University at Montgomery Wellness Center Membership Agreement

Date: _____ **Do you have a Warhawk card? Yes:** _____ **No:** _____

- Memberships are for the selected term and are non-refundable.
- Initial contract terms must be completed prior to cancellation.
- Primary Member must be classified and Secondary Member (if applicable) must show proof of address.
- Valid AUM Identification or AUM Alumni Association identification is required to purchase memberships.

PRIMARY MEMBERS INFORMATION

Name (as recognized by AUM): _____

First MI Last

Warhawk ID: _____ Employee ID Number (from pay stub): _____

Campus Phone: _____ Alternate Phone Number: _____

Home Address: _____ City: _____ ST: ____ Zip: _____

E-mail: _____ Birthdate: _____

Emergency Contact Information: _____

Name Relationship Phone

SPOUSE INFORMATION

Name: _____

First MI Last

Have you previously been affiliated with AUM? Yes _____ No _____ If yes, do you have a Warhawk card? _____

Mailing Address: _____ City: _____ ST: ____ Zip: _____

Phone #: _____ E-mail: _____ Birthdate: _____

Emergency Contact Information: _____

Name Relationship Phone

DEPENDANT INFORMATION (must be 16 years of age or older)

1) Name: _____ Birthdate: ____/____/____
First MI Last

2) Name: _____ Birthdate: ____/____/____
First MI Last

3) Name: _____ Birthdate: ____/____/____
First MI Last

MEMBERSHIP TYPES

- ____ Student (\$ 0.00)
- ____ Faculty/Staff (\$30.00)
- ____ Retired Faculty/Staff (\$30.00)
- ____ Alumni (\$35.00)
- ____ Friends of AUM (\$50.00)
- ____ Spouse/Dependent (____ @ \$10.00)
- ____ Affiliated Members (\$50.00)

MEMBERSHIP DURATION

- ____ 1 month
- ____ 3 months
- ____ 12 months

PAYMENT TYPE

- ____ Credit Card (MC VISA DISCOVER AMEX)
- ____ Cash
- ____ Check (Check # _____)
- ____ Payroll deduction



WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFY AGREEMENT

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of the Wellness Center at Auburn University at Montgomery, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Auburn University at Montgomery, its officers, employees, and agents from liability from any and all claims including the negligence of Auburn University at Montgomery Wellness Center resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observations, and use of facilities, premises, or equipment.

Assumption of Risk: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, the Wellness Center at Auburn University at Montgomery has facilities for and provides for activities such as weightlifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements 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 the risks range from minor injuries such as scratches bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the Wellness Center at Auburn University at Montgomery. I hereby assert that my participation is voluntary and that I knowingly assume such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold Auburn University at Montgomery harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees arising or resulting from my involvement at Auburn University at Montgomery and to reimburse them for any such expense incurred.

Status: Membership status is subject to verification. I understand that I must maintain my current membership status to continue to receive this rate. I agree to notify the Wellness Center office of any changes to my status. I also understand that membership in the Auburn University at Montgomery Alumni Association is required for Alumni or Friends of AUM statuses and must be maintained for the entire membership year.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law of the State of Alabama and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, indemnity agreement, and locker agreement (if applicable) fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I also agree to abide by all policies developed by the Wellness Center at Auburn University at Montgomery of which I have received a copy. Failure to do so may result in a suspension of my Wellness Center membership and privileges.

Primary Member Signature: _____ **Date:** _____

Secondary Member Signature: _____ **Date:** _____