

Name (Last, First, MI): \_\_\_\_\_

KUID Scan Code (16 digits): \_\_\_\_\_ DOB: \_\_\_\_\_

Department: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

KU Employee Contract Length: **PLEASE CIRCLE ONE**

**12 Months Contract (Staff)**

- Active membership year round
- \$9.61 per pay period (subject to change)
- Terminate enrollment by written notice any time after the initial 6 payroll deductions

**9 Months Contract (Staff/Faculty)**

- Active membership begins two Sundays before the fall term begins, and ends the Friday after the spring term ends.
- \$9.61 per pay period, based on your university contract length (subject to change)
- Summer sold separately for \$47.98 (subject to change)
- Terminate enrollment by written notice any time after the initial 6 payroll deductions

**NOTE: Individual must be currently employed as Faculty/Staff on the Lawrence campus to be eligible**

**Initial each of the statements below stating that you understand and agree to the following:**

\_\_\_\_\_ I authorize Recreation Services to initiate payroll deduction(s) for my annual enrollment at the Ambler Student Recreation Fitness Center (ASRFC) as indicated herein. I agree to have this deduction paid directly to KU Recreation Services by the State of Kansas through the Payroll Deduction Authorization Program.

\_\_\_\_\_ Deductions are voluntary on my part and I am agreeing to a minimum of 6 payroll deductions. After that period written notice must be given one week prior to cancelation date.

\_\_\_\_\_ Deductions affect only the price to access the ASRFC and exclude deductions of any other fees for services to KU Recreation Services.

\_\_\_\_\_ Deductions will be taken bi-weekly regardless of how often I choose to utilize the ASRFC at the University of Kansas.

\_\_\_\_\_ There will be no adjustments for maintenance and/or building closures.

\_\_\_\_\_ Cancellation of payroll deduction during the initial 6 payroll deductions may be granted for one of the following reasons:

- Employment from the University of Kansas is terminated.
- Medical emergencies that inhibit the member from utilizing the ASRFC (Written documentation is required from a physician)

\_\_\_\_\_ Access to the ASRFC will be terminated one week after the written notice is received and granted. There are to be no prorated refunds.

\_\_\_\_\_ Incomplete application forms will not be processed.

Participation in activity at the ASRFC is on a voluntary basis. By voluntarily electing to use the ASRFC, I understand that I do so at my own risk. In exchange for being permitted to participate in physical activities and/or exercises within the ASRFC, I hereby release and waive The University of Kansas, The State of Kansas, The Kansas Board of Regents, KU Recreation Services, any corporations or entities affiliated with the foregoing, and all employees, officers, agents, representatives and volunteers of the foregoing (the 'Released Parties) from liability of any kind, of or to me or any other person, directly arising out of or in connection with my participation with my participation in or attendance in the ASRFC.

**Employee Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_