

CLARKSON UNIVERSITY FITNESS CLUB MEMBERSHIP APPLICATION

PERSONAL INFORMATION: (Please print clearly) Today's Date: _____

NAME _____
Last First M.I.

STREET ADDRESS _____ Date of Birth _____

CITY _____ STATE _____ ZIP CODE _____

TELE. NO. (Home) _____ (Work) _____

MEMBERSHIP INFORMATION Please indicate membership level:

- Family \$310* Individual - \$210 Senior Citizen \$60 each (must be 62 to be eligible for senior rate)
 Alumnus & Spouse - \$125 Alumnus Individual - \$110 Year of Graduation: _____

**Family Membership Information:* If applying for a family membership, please provide information for immediate family members (spouse, children up to age 18) who will be on this membership. *Note: Cards are not issued to children under 16.*

Please print names for those receiving a card:

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

The Physical Activity Readiness Questionnaire (**PAR-Q**) must be completed by anyone using the facility based upon your membership.

WAIVER & RELEASE

I assume all risks in any way connected with or related to physical exercise and hereby waive any and all claims which I may have arising out personal injury, death, theft or destruction to personal property and release Clarkson University, its agents and employees from any such claim. I further agree to hold Clarkson University, its agents and employees harmless from any liability whatsoever related to my use of the Clarkson University athletic and recreational facilities, including reasonable attorney's fees. For any membership that includes privileges for family use of these facilities, all the representations of this Waiver & Release apply with equal force to all members of the family.

Signature

Co-Signature (if required)

NOTE: There will be a \$15 replacement charge for lost cards.

METHOD OF PAYMENT:

___ Cash ___ Check/Money Order ___ Credit Card

MasterCard ___ Visa ___ Discover ___ Credit Card Number ____/____/____/____

Name on Credit Card: _____ Expiration Date ____/____

Office Use Only: Date Received _____

Membership Expires: _____