

EMU Fitness Center Membership Form

Check One: New Membership _____ Renewal _____ **Date:** _____

Contact Information:

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ DOB: _____ Fitness Center ID #: _____

If spouse or dependent, name or ID # of member: _____

Category (Check One):

____ Community Member

____ High School Student

____ EMU Spouse

____ Alumni

____ EMU Retiree

____ PVFCU Member *

____ Senior Citizen

____ EMU Part Time Employee

____ Other _____

*By signing below, I give permission for EMU to contact PVFCU to verify my membership

Membership length: Year _____ Auto Pay* _____ Monthly _____ Special _____

Amount Paid: _____ Cash/Credit/Check # _____

**Auto pay customers bank account will be debited each month until cancelled. 1 year minimum commitment. 30 day notice required to cancel. Additional form and voided check needed to enroll.*

By signing below I acknowledge that I have read and will abide by the Fitness Center policies and staff instructions. Copies are available at the Front Desk.

Information gathered is used for fitness center communication only. We do not distribute or sell any information.

Eastern Mennonite University

Waiver and Release of Liability – Fitness Center

In agreeing to participate in the Fitness Center at Eastern Mennonite University, I agree as follows: I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, hazards and such exists in my use of such equipment and my participation in these activities. (b) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily harm, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. (c) These risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of Eastern Mennonite University, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. (d) By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of Eastern Mennonite University, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Eastern Mennonite University and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE NOT TO HOLD EASTERN MENNONITE UNIVERSITY LIABLE FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

SIGNATURE _____ DATE _____

PARENTS SIGNATURE IF UNDER 18 _____ DATE _____