



Manhattan College FITNESS CENTER
MEMBERSHIP AGREEMENT
FY 2016-2017



*First Name _____ *Middle Initial _____ *Last Name _____
 *Birth date _____ *Gender Male Female
 *Address _____
 *City _____ *State _____ *Zip _____
 *Email Address _____ *Phone _____
 *Emergency Contact _____ *Phone _____

*College Status: (circle one) Spouse (of employee) Dependent (of employee)
 Spouse (of student) Dependent (of student)

Name of Sponsor: _____ ID Number: 000 _____

*Membership Options:

Summer (May 1-Aug 31, 2017)

1. I agree to follow all instructions, rules and regulations of the College regarding use of the Student Commons Fitness Center and understand that my violation of any instruction, rule or regulation, or willful destruction of any area shall be sufficient grounds to bar my continued use of the Student Commons Fitness Center. All policies are subject to change without notice.
2. The Student Commons Fitness Center is not responsible for theft or damage to personal property or valuables left on the ground.
3. I understand that my membership is non-transferable.
4. Falsification of any information on this Membership Application will cause suspension or termination of member privileges.
5. **WAIVER AND RELEASE:** In consideration of my being permitted to use the facilities of the Student Commons Fitness Center at Manhattan College (hereafter collectively referred to as the "Facilities"), I hereby voluntarily assume any and all risks of personal injury which might be associated with my use of the "Facilities" as I am aware of the risks of bodily injury or death which might result from physical exertion or my use of the fitness equipment or the exercise areas of the "Facilities." I further voluntarily release and forever discharge the Trustees of Manhattan College, its successors, assigns, trustees, officers, students, employees and agents from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss or damage or injury (including death) that I may sustain by reason of physical exertion or the fitness equipment or exercise areas of the "Facilities." I hereby certify that I am in good physical condition and that a licensed physician has verified that my physical condition is at a sufficient level to enable me to use the "Facilities" safely. This release shall be binding upon my executors, administrators, heirs, successors and assigns. I am 18 years of age or older. I have read and fully understand this Waiver and Release voluntarily. I intend this Waiver and Release to be legally binding upon myself and my executors, administrators, heirs, successors, and assigns.

*Signature _____ *Date _____

