

## RECREATION AND FITNESS CENTER MEMBERSHIP

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Membership #: \_\_\_\_\_  Male  Female  
 Driver's License (ID)#: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Adult Household Membership(s) (must show proof of residency)

Name: \_\_\_\_\_ DL# \_\_\_\_-\_\_\_\_-\_\_\_\_ Photo# \_\_\_\_\_  
 Name: \_\_\_\_\_ DL# \_\_\_\_-\_\_\_\_-\_\_\_\_ Photo# \_\_\_\_\_

### Family Time Child Participant(s)

Name: \_\_\_\_\_ Birthday \_\_\_\_-\_\_\_\_-\_\_\_\_ Photo# \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthday \_\_\_\_-\_\_\_\_-\_\_\_\_ Photo# \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthday \_\_\_\_-\_\_\_\_-\_\_\_\_ Photo# \_\_\_\_\_

#### ***How did you hear about the GSU Recreation and Fitness Center?***

- GSU website     
  Information packet/brochure     
  Facebook, Twitter, other social media  
 Friend/word of mouth     
  Other \_\_\_\_\_

#### ***When do you plan to use the Recreation and Fitness Center?***

- AM (6 a.m. – noon)     
  Mid-day (11 a.m. – 5 p.m.)     
  PM (4 p.m. – 10 p.m.)

#### ***What Recreation and Fitness Center Facilities do you plan on using regularly (check all that apply)?***

- Fitness Room     
  Swimming Pool     
  Gymnasium     
  Raquetball court     
  Other \_\_\_\_\_

Office use only				
Activity Date	Exp. Date	Fees paid	Staff	Memo
____/____/____	____/____/____	\$		
____/____/____	____/____/____	\$		
____/____/____	____/____/____	\$		
____/____/____	____/____/____	\$		
____/____/____	____/____/____	\$		
Classification:				
Check Photo ID:			Photo #:	

**Waiver - Important - Please Read**

Governors State University, hereafter referred to as GSU, is committed to conducting its recreation programs and academic activities in the safest manner possible, holding the safety of participants in the highest possible regard. Participants must recognize, however, that there is an inherent risk of injury when choosing to participate in such activities, especially those that take place outside of the school environment. GSU continually strives to reduce such risks and insists that all participants follow safety rules and instructions that have been designated to protect the participant's safety.

Please recognize that GSU does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering for a program or activity should review his/her own health insurance for coverage. It must be noted that the absence of health insurance coverage does not make GSU automatically responsible for payment of medical expenses.

**WAIVER AND RELEASE OF ALL CLAIMS**

As a student/member participant in the GSU Recreational Center program, I recognize and acknowledge that there is a certain risk of physical injury. I agree to assume the full risk of any injury, death, damage or loss that I may have or which may accrue to me as a result of participation in the program. I further agree to indemnify and hold harmless and defend GSU and its officers, agents, servants, and employees from any and all claims resulting from injuries, death, damages or loss sustained by me arising out of, connected with or in any way associated with the activities of the program. In the event of an emergency, I authorize GSU officials to secure from any licensed hospital, physician and/or medial personnel any treatment deemed necessary for my immediate care. I also agree that I will be responsible for payment of any and all medical services rendered.

I hereby state that I am the legal guardian of the listed minor(s). In the event of an emergency, I will authorize GSU officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the minor's immediate care. I agree that I will be responsible for payment of any and all medical services rendered.

I have read, fully understand and agree to abide by the above program details, Waiver and Release of All Claims and Permission to Secure Treatment.

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**Signature of Participant(s)**

Primary Member: \_\_\_\_\_ Date: \_\_\_\_\_

Household Member (1): \_\_\_\_\_ Date: \_\_\_\_\_

Household Member (1): \_\_\_\_\_ Date: \_\_\_\_\_

Household Member (1): \_\_\_\_\_ Date: \_\_\_\_\_