Mount Wachusett Community College
FITNESS & WELLNESS CENTER

Today's Date:

Membership Application

First Name:	Home Phone #:
Last Name:	Other Phone #:
Address 1:	D.O.B:
Address 2:	Email:
City:	**Membership Information**
State:	Membership #:
Zip:	Membership Type:
Emergency Contact Name:	Membership Fee:
Emergency Contact #:	Renewal Date:

FAMILY MEMBERSHIP USE ONLY: FAMILY MEMBERSHIPS INCLUDE CHILDREN AGES 17 YEARS AND YOUNGER. INDIVIDUALS WHO ARE 18 YEARS AND OLDER MUST PURCHASE THEIR OWN SEPARATE ADULT MEMBERSHIP.

Spouse Name:	D.O.B:	AGE:	Membership #
Child Name:	D.O.B:	AGE:	Membership #
Child Name:	D.O.B:	AGE:	Membership #
Child Name:	D.O.B:	AGE:	Membership #

Notes:

For Office Use Only:

Date: _____Total: _____

Cash: _____Ck#: _____

Credit Card Type: _____

Staff Initials: _____

PLEASE READ AND INITIAL EACH PARAGRAPH AND SIGN AS INDICATED ON THE REVERSE SIDE OF THIS PAGE >>>>>

FITNESS AND WELLNESS CENTER MEMBERSHIP AGREEMENT AND RELEASE OF LIABILITY

I/we hereby agree that all of the activities in which I/we participated at the Fitness and Wellness Center facility at Mount Wachusett Community College will be undertaken by me/us at my/our sole risk and that the College shall not be liable to me/us or anyone claiming through me/us for any claims, demands, injuries, damages, actions or causes of actions whatsoever, to my/our person or property or arising out of such activities or arising out of or in connection with my/our use of the College facilities. I/we hereby expressly and forever release and discharge the College, it's officers, servants, agents, students and/or employees from and with respect to any loss claims, demands, injuries, damages or liability caused by their negligence while on or using the College's facilities. I/we further certify that I/we have sufficient medical and hospital insurance to cover any medical treatment that may be necessitated by injuries sustained while on College property and recognize that the College has relied on the representation in approving this membership.

Please initial _____ Spouse initials _____

I/we understand and am/are aware that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity. I /we also understand that fitness activities involve a risk of injury and even death and that I/we am/are voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I/we hereby agree to expressly assume and accept all risks of injury or death.

Please initial _____ Spouse initials _____

I/we do hereby further declare myself/ourselves to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my/our participation in any of the activities and programs of the Fitness and Wellness Center at Mount Wachusett Community college or use of equipment or machinery except as hereinafter stated. I/we do hereby acknowledge that it has been recommended that I/we have yearly or more frequent physical examination and consultation with my/our physician as to physical activity, exercise and use of exercise and training equipment so that I/we might have recommendations concerning these fitness activities and equipment use. I/we acknowledge that I/we have either had a physical examination and have been given any physician's permission to participate, or that I/we have decided to participate in activity and/or use equipment and machinery without the approval of my/our physician and do hereby assume all responsibility for my/our participation and activities and utilization of equipment and machinery in my/our activities.

Please initial _____ Spouse initials _____

I/we understand that all hours of operation at the Fitness and Wellness Center as well as classes and programs are subject to change. I/we understand that memberships are not extended due to inclement weather or special College event closings. I/we understand that there are no extensions, refunds or credits given for unused memberships.

Please initial _____ Spouse initials _____

I/we have read and understand the Fitness and Wellness Center Member Code of Conduct in its entirety and I/we agree to observe its guidelines as well as all facility rules and procedures. I understand that violations of this Member Code of Conduct may result in verbal or written warnings, loss of privileges, temporary suspension of membership or permanent suspension of membership.

Please initial _____ Spouse initials _____

I/we have read and understand the terms of this agreement and I/we agree that my/our Fitness and Wellness Center membership and all consecutive renewals of my/our membership are subject to all the terms stared above.

Signature of Applicant _____ **Date** _____

Parent/Legal Guardian Signature for Applicants under age 18 _____

Parent/Legal Guardian Printed Name and Relationship _____

Spouse Signature _____ **Date** _____