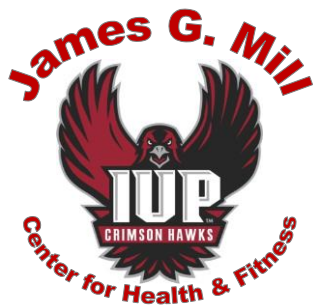




Membership Record Form

This form will allow us to keep our membership records up-to-date and accurate.

Full Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home(____)____ - _____ Other: (____)____ - _____

E-mail: _____ Add to Newsletter List: _____

Employer: (If IUP, include department): _____

Emergency Contact:

Name: _____ Phone: (____)____ - _____ Relationship: _____

Member Signature: _____ Date: _____

Please make checks payable to IUP James G. Mill Fitness Center and return this form to management in the James G. Mill Fitness Center.

STAFF ONLY -----

Type of Membership: COMMUNITY | IUP STAFF/FACULTY | NON-KHSS | KHSS | ACADEMY

Membership Info: COUPLE | SINGLE **Duration:** MONTHLY | SEMESTER | YEAR

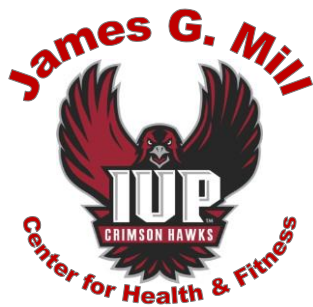
Amount Paid: \$ _____ **Date Paid:** _____ **Expiration Date:** _____

Payment Type: CASH | CHECK | CREDIT

Barcode: _____ **Member Number:** _____ **Locker: #** _____ **Combo:** _____ - _____ - _____

Staff Signature: _____

Information Verified/Updated in CMS _____



Membership Agreement Form

Before signing this form you, the participant, should read and understand every aspect of this legal contract.

I intend to use some or all of the activities, facilities, programs and services offered at the James G. Mill Center for Health and Fitness. In consideration of being allowed such use, I do hereby waive, release and forever discharge Indiana University of Pennsylvania and the James G. Mill Center for Health and Fitness and its supervisors, employees and all others acting on its behalf from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered at or by Indiana University of Pennsylvania and the James G. Mill Center for Health and Fitness.

I agree that my participation in any and all of the activities, facilities, programs and services provided at or by Indiana University of Pennsylvania and the James G. Mill Center for Health and Fitness is strictly voluntary and has not been requested or required by Indiana University of Pennsylvania and the James G. Mill Center for Health and Fitness. I further agree that I am participating at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

I do hereby assume all responsibility for my participation in the activities, facilities, programs and services offered at or by Indiana University of Pennsylvania and the James G. Mill Center for Health and Fitness and for my utilization of any and all equipment and machinery in connection with these activities, facilities, programs and services.

I understand that the activities, facilities, programs and services offered by Indiana University of Pennsylvania and the James G. Mill Center for Health and Fitness may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some Fitness Center employees or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

I understand that after 30 days, no refunds can be made by the fitness center for any type of membership or activity.

Member Signature

Print Member Name

Date

Manager Signature

Date