

**Longwood University Campus  
Recreation Health and Fitness Center  
Alumni Membership Application and  
Agreement**

I/We, the individual(s) named below, desire to become a member /members of the Longwood University Health & Fitness Center and hereby provide the following information and agree as follows:

**Alumni Member(s) Information:**

1. Alumni Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year Graduated: \_\_\_\_\_  
Email: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

**If Couple Membership:**

1. Spouse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**Membership Type (check one):**

***Memberships:***

_____ Alumni Membership	\$270.00 Per 6 month or \$540.00 Per Year
_____ Couple Membership	\$540.00 Per 6 month or \$1,080 Per Year

***Parking***

One parking pass will be issued to each Member and is good for the Upper Frazer parking lot, blue spaces. The parking pass will expire a year from membership purchase.

**Fees and Dues:**

**Memberships may be paid in the Campus Recreation Office via cash or check or you may go to our website and pay via credit card.**

## AND CONSENT FOR EMERGENCY TREATMENT

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in recreational activities at Longwood University Campus Recreation.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE DIRECTOR OF CAMPUS RECREATION, AT TELEPHONE NUMBER 434-395-2356.

### **Assumption of Risks:**

I understand that physical activity related to Campus Recreation, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Longwood University. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

### **Hold Harmless, Indemnity and Release:**

In consideration of permission for me to voluntarily participate in Campus Recreation activities, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release Longwood University, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence from Longwood University, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. The Primary User and any additional Members on the Primary User's Plan will not hold the University liable in cases of damaged personal property, personal injury, or death.

### **Consent for Emergency Treatment:**

I authorize Longwood University and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

- Guests must be accompanied by their sponsor.
- Dependents and youth guests under 18 years of age must be accompanied by an adult.
- Membership fee includes access to all facility areas and some programs. Programs such as Intramural Sports, individual fitness programs, non-credit instruction and outdoor recreation activities may have additional fees.
- Memberships are non-refundable.

Signature: \_\_\_\_\_