

Activation Date: _____
 Expiration Date: _____

New Member
 Renewing Member

Member Information:

Name: _____
 LU ID#: _____
 Department: _____ Work Phone #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relation to Member: _____
 Home Phone: _____ Work Phone: _____

Eligibility:

Faculty/ Staff
 LUO/Grad

Elite Membership:

Week \$15
 Month \$40
 Semester \$120
 Summer \$85
 Annual¹ \$315

Express Membership:

Month \$25
 Semester \$80
 Summer \$50
 Annual¹ \$200

Early Bird:

Annual \$0

I agree to abide by all LaHaye Student Union policies and procedures and *The Liberty Way*. I know that I have access to the policies and procedures of the LaHaye Student Union upon request. I agree to notify LaHaye Student Union staff of any potential health changes or concerns. I also agree that falsifying any information on this form will result in a loss of membership privileges without refund. ¹I understand refunds will not be issued for closure dates due to university closures, holidays, facility maintenance, etc. which will occur throughout the year. I understand membership fees will not be refunded in the event of employee resignation or termination from the University. LUO/Grad students must be currently enrolled in classes and be financially checked-in throughout the duration of their membership. Express members have access from open – 1:59pm Monday – Saturday. Early Bird membership is available only to Faculty/Staff from 5am-8am on Monday – Friday mornings and 6am-9am during the summer term.

 Member Signature

 Date

For Office Use Only: Manager's Initials: _____ Today's Date: _____ Check-In/Class Dates** <input type="radio"/>			
Payment:			
Cash <input type="radio"/>	Amount Due _____	Amount Paid _____	Date Paid _____
Check <input type="radio"/>			
CC <input type="radio"/>			
_____ Payment Received by: (PRINT)		_____ Signature	

LIBERTY

UNIVERSITY.

LAHAYE STUDENT UNION

Assumption of Risk/Agreement Form

****Please consult a physician prior to any form of physical activity****

I am aware that playing or participating in fitness related event/activity can be a dangerous endeavor involving many risks of injury. I understand that the dangers and risks of playing or participating in a fitness related event/activity include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis and/or brain damage; serious injury of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risk of playing or participating in a fitness related event/activity may result in not only serious injury but also in serious impairment to my future abilities to earn a living, engage in other business, social and recreational activities, and generally to enjoy life._____

In engaging in physical activity or participating in the above event, I hereby assume all the risks associated with participation and agree to hold Liberty University, its employees, agents, representatives, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities/events related to the above activity/event in which I hereby participated in. The terms hereof shall serve as a release of assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family, and hold harmless, defend, and indemnify Liberty University._____

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE LIBERTY UNIVERSITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Date of Birth (dd/mm/yyyy)

I.D. # (student or staff only)

Member Name (print)

Participants under age of 18 must have legal guardian sign

Member Signature

Date: (mm/dd/yyyy)