



Spouse Membership Registration Form

Activation Date: _____

New Member _____

Expiration Date: _____

Member Information (spouse):

Name: _____

Liberty Faculty/Staff/Student Information

Name: _____

LU ID#: _____

Department: _____ Work Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relation to Member: _____

Home Phone: _____ Work Phone: _____

Summer Spouse Options:

Semester \$100 _____ (8/29/2019-12/20/2019)

I agree to abide by all LaHaye Recreation & Fitness policies and procedures and The Liberty Way. I know that I have access to the policies and procedures upon request. I agree to notify LaHaye Recreation & Fitness 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. I 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.

Member Signature

Date

For Office Use Only: Manager's Initials: _____ Today's Date: _____

Payment:

Cash Amount Due _____ Amount Paid _____ Date Paid _____

Check

CC

Payment Received by: (PRINT)

Signature

LIBERTY

RECREATION CENTERS

Participation Agreement

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

Before I may participate in any exercise and/or fitness related event/activity (“Activity”) within or sponsored by LaHaye Recreation & Fitness (“LaHaye”), I understand that I must read and promise to be bound by the following terms.

General Terms.

I hereby agree to abide by all LaHaye Recreation & Fitness policies and procedures and The Liberty Way. I am aware that I have access to the policies and procedures upon request. I agree to notify LaHaye Recreation & Fitness staff of any potential health changes or concerns. I understand that falsifying any information on this form will result in a loss of membership privileges without refund. I understand that refunds will not be issued for closure dates due to university closures, holidays, facility maintenance, etc., which will occur throughout the year. I further understand that membership fees will not be refunded in the event of employee resignation or termination from the University.

Spouse members have access from open – 3:00 pm Monday – Friday and all day Saturday and Sunday. Spouse members are NOT permitted to play Intramural Sports.

Assumption of Risks.

I AM AWARE THAT ACTIVITIES AT LAHAYE, WHETHER OR NOT REQUIRING THE USE OF EXERCISE EQUIPMENT, CAN BE DANGEROUS. I AM AWARE THAT PLAYING OR PARTICIPATING IN ANY ACTIVITY AT LAHAYE HAS CERTAIN INHERENT RISKS WHICH MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, DISEASE, AND EVEN DEATH.

Specific risks that may be involved in this Activity include, but are not limited to: unwanted contact with other players or participants and their equipment, equipment failure, fast-moving equipment (including things like balls), contact with the playing surface and surrounding elements, slipping, tripping, falling, and my individual susceptibility to harm or injury (whether known or unknown to me). The results of these and other inherent risks may include, but are not limited to: serious neck and spinal injuries which may result in complete or partial paralysis and/or brain damage; serious injury of the musculoskeletal system, serious injury or impairment to other aspects of my body, general health, and well-

being, and even death. I understand that the dangers and risk of playing or participating in this 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. I am voluntarily playing or participating in this Activity with full knowledge, understanding, and appreciation of the risks involved, and hereby agree to assume any and all risks associated with the Activity.

Medical Treatment Authorization.

I agree that I am in sufficiently good health to play or participate in the Activity and that I am free from any medical condition, physical or mental, that could interfere with my ability to play or participate in the Activity or that could be worsened by playing or participating in the Activity or that could endanger my health or safety or the health or safety of other participants. If I require emergency medical treatment as a result of accident or illness arising during the Activity, I consent to such treatment.

Medical Examination; Medical Fitness.

I am aware that an examination by a physician should be obtained prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. Should I choose not to be examined by a physician, I hereby agree that I am doing so solely at my own risk and expense.

Governing Law; Forum Selection.

This agreement will be governed by and construed in accordance with the laws of the Commonwealth of Virginia. Any controversy, dispute or claim arising out of or relating to this agreement must be brought in a court located in Lynchburg, Virginia. Each party submits to the jurisdiction of such courts.

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT. I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME THE RISKS ASSOCIATED WITH MY PARTICIPATING IN ACTIVITIES AT LAHAYE RECREATION & FITNESS CENTER.

Date of Birth (dd/mm/yyyy)

I.D. # (student or staff only)

Participant Name (**print**)

Participants under 18 must also have legal guardian sign

Participant Signature

Date: (mm/dd/yyyy)