



Alumni Membership Registration

Activation Date: _____
Expiration Date: _____

Attach Copy:
Proof of Graduation
Government Issued ID

Member Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Email: _____

Emergency Contact:

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

Membership Package:

____ Week \$15
____ Month \$45
____ Summer \$120
(6/4/2018–8/21/2018)

I agree to abide by the policies and procedures of LaHaye Recreation & Fitness Center and the Liberty Way. I know that I have access to the policies and procedures of the Rec Centers upon request. I also agree that falsifying any information on this form will result in a loss of membership privileges without refund. I understand that throughout the summer LaHaye Recreation & Fitness Center may be closed due to university closures, holidays, facility maintenance, camps, etc. Memberships will not be refunded or reimbursed in any way for these closure dates. Closures will be posted at the Rec Centers Front Desk as well as on the university splash page. Alumni members will be required to show proof of graduation when purchasing tier and weekly packages. Alumni members are required to show government issued ID and membership card each time when entering the facility. All Alumni membership will end effective 8/22/2017.

Member Signature Date

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

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.

LUO*/Grad students must be currently enrolled in classes and be financially check-in throughout the duration of their membership. * Must currently be enrolled in B exit term classes to be eligible.

Express members have access from open – 3:00 pm Monday through Saturday. Early Bird members have access from open – 3:00 pm Monday – Friday and all day Saturday and Sunday. Early Bird Plus members have access during all operational hours.

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)