



Student Recreation Center Membership Application



Type of membership (select one):

Must have a corresponding card issued by Vandal Card Services to apply.

FACULTY/ STAFF who are **ELIGIBLE** for UI insurance **MUST** use Payroll Deduction for SRC, Wellness & Combo Memberships!
Payroll Deductions must be done online through **VandalWeb**. *Application will be processed and Vandal Card activated within 2 business days*

SPOUSE of Faculty / Staff "Payroll Deduction (PD) rates are per pay period"

<u>DURATION:</u>	<input type="radio"/> 30 Day	<input type="radio"/> 120 Day	<input type="radio"/> 365 Day	<input type="radio"/> SRC PD	<input type="radio"/> Wellness PD	<input type="radio"/> SRC & Wellness PD
<u>RATES:</u>	\$36.50	\$137.00	\$310.00	\$11.93	\$5.50	\$16.00

AFFILIATES or spouse *Include:*

- All IH
- Retired F/S
- Alumni
- Affiliate
- F/S NOT eligible for insurance

<u>DURATION:</u>	<input type="radio"/> 30 Day	<input type="radio"/> 120 Day	<input type="radio"/> 365 Day
<u>RATES:</u>	\$36.50	\$137.00	\$310.00

Prices listed include 6% Idaho sales tax.

<input type="radio"/> Student Spouse	<u>DURATION:</u>	<input type="radio"/> 30 Day	<input type="radio"/> Spring/Summer 1/12/09-8/23/09	<input type="radio"/> Fall 8/24/09-1/12/10
<input type="radio"/> Special Programs	<u>RATES:</u>	\$36.50	\$131.76	\$131.76

I. Membership Applicant (please print clearly)

"First" Name: _____ "Last" Name: _____ MI: _____

Vandal Card #: _____ Email Address: _____

Home Address: _____ DOB: ____-____-____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work/ Cell Phone: (____) _____ - _____

II. Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: (____) _____ - _____ Work/ Cell Phone: (____) _____ - _____

III. Spousal Information (Information on the U of I employee or student which you are receiving the spousal benefit from) **Complete this section only if you are applying for a Spousal Membership**

First Name: _____ Last Name: _____

Vandal Card #: _____ U of I Department: _____

IV. Risk and Release Please ***review*** and ***sign*** the Membership Rules and Regulations and Assumption of Risk and Release on the opposite side of this form to complete the application process.

Information Desk Staff Use Only:

Staff Member: _____

Vandal/SRC Card # Verified Risk/Release Signed

Campus Rec Admin Processing:

Vandal Card Entry: _____

Database Review: _____

Membership Application (Continued)

Membership Rules and Regulations

1. Membership is restricted to students, faculty, staff, alumni, UI affiliates and their spouses.
2. Members are required to provide a current UI identification during the application process. University affiliates and spouses, who do not currently possess a Vandal Card, must obtain an UI affiliate card from Vandal Card Services.
3. Members are required to show their Vandal or Membership Card each time they enter the control point of the SRC.
4. Members who allow other persons to use their membership card may have their membership privileges revoked.
5. Members must abide by all membership and facility rules and regulations, as well as University rules, regulations and policies.
6. Memberships are non-refundable and non-transferable. Lost or stolen cards may be replaced at Vandal Card Services for \$20.
7. Wellness only passes allows admittance to the SRC to participate in Wellness Classes ONLY.
8. Children may not be left unattended in the SRC.

Assumption of Risk and Release

I voluntarily and freely choose to participate in Student Recreation Center (SRC) and Campus Recreation programs ("Programs") and to use SRC and Campus Recreation facilities and equipment ("Facilities"). I recognize and acknowledge that there are risks and hazards directly or indirectly involved in such participation and use, not all of which can be identified with particularity or certainty and not all of which are described herein. With full knowledge of the facts and circumstances, I voluntarily assume all risks associated my participation in the Programs and use of the Facilities. These risks include, but are not limited to, the risk of serious bodily injury to myself and others, as well as death.

To the extent permitted by law, I hereby save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, and all of their respective agents, servants, employees and volunteers (collectively, "Releasees"), from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever which may arise from or in connection with my participation in the Programs or use of the Facilities.

It is my express intent that this Acknowledgement of Risk and Release shall bind the members of my family and my estate, heirs, administrators, personal representatives and assigns.

I assure Releasees that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the Programs or use of the Facilities and that I will pay any costs not covered by insurance. I further assure Releasees that there are no health-related reasons or problems that preclude or restrict my participation in the Programs or use of the Facilities. I hereby consent to first aid, emergency medical care, and, if necessary, admission to a hospital for executing such care or treatment for injuries that I may sustain while participating in the Programs or using the Facilities, but I acknowledge and agree that Releasees do not hereby assume any duty to render first aid or emergency medical care.

I recognize and acknowledge that Releasees make no guarantees, warranties, representations, or other promises relative to the Programs or Facilities and assume no liability or responsibility for injury or property damage I may sustain as a result of participation in the Programs or use of the Facilities. I further recognize and acknowledge that I am not entitled to make claims under workers' compensation laws as a result of my participation in the Program.

I certify that I am 18 years of age or older. The foregoing is submitted in consideration of the University allowing my participation in the Programs and/or use of the Facilities. I voluntarily execute this document with full knowledge of its contents and consequences. I further understand and agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Idaho and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. This Release shall be governed by and construed in accordance with the laws of the State of Idaho.

Signature: _____

Today's date: ____/____/____