



FITNESS CENTER MEMBERSHIP FORM

Name:		
Address:		
City:	State:	Zip:
Check one: <input type="checkbox"/> New membership <input type="checkbox"/> Renewal (member card numbers)		
Day Phone:	Cell Phone:	
E-mail:		
Spouse's Name: (family membership only)	Cell Phone:	

Children under 18, who live with you at home, who will be visiting the facility with you and/or your spouse: **NOTE: IT IS FITNESS CENTER POLICY THAT CHILDREN UNDER THE AGE OF 15 ARE NOT PERMITTED IN THE RECREATION CENTER. AGES 15-17 MUST BE DIRECTLY SUPERVISED BY A PARENT OR GUARDIAN.**

NOTICE!

Fitness center hours vary each semester according to academic class schedules and seasonal conditions.

Hours are subject to change without notice. WHEN CLASSES ARE NOT IN SESSION (i.e. semester breaks) THE CAMPUS IS CONSIDERED CLOSED AND FITNESS CENTER FACILITIES WILL ALSO BE CLOSED.

I acknowledge that payment of _____ is NONREFUNDABLE	_____ Initials
	_____ Date

For office use only:

Card Numbers _____
Date card(s) issued _____ Issued by _____
Expiration date _____

WAIVER FORM MUST BE COMPLETED ON PAGE 2.

PLEASE RETURN THIS FORM TO WP1 'GXGTI TGGP'NGCTP RPI .
CALL 678-717-4599'QT'GO CKN'GXGTI TGGP NGCTP RPI B WP1 GGF WWITH ANY QUESTIONS.

UNIVERSITY OF NORTH GEORGIA FITNESS CENTER

WAIVER FORM

PLEASE PRINT ALL INFORMATION CLEARLY.

Name of Adult Participant

Name of Adult Participant

Name of Dependents

Age

Date of Birth

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Emergency Phone Number(s) of nearest relative not living with you

List here if participants have any medical conditions we need to be aware of:

PLEASE READ AND SIGN THE WAIVER STATEMENT BELOW WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration of your accepting this application, I hereby, for myself, my child/children, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child/children may have against the University of North Georgia and its representatives, successors and assigns for any and all injuries suffered by myself or my child/children during any activity performed while on the premises of the University of North Georgia.

SIGNATURE*

Adult Participant/ Parent

Date

Adult Participant/ Parent

Date

***No admission will be authorized until waiver is signed by all adults on membership.**

You hereby assume any and all risk of injury, illness, damage or loss that might result.
You also assume all risk of damage, loss or theft to or of any of your personal property.

PLEASE RETURN THIS FORM TO UNG EVERGREEN LEARNING.
CALL 678-717-2377 OR EMAIL EVERGREENLEARNING@UNG.EDU WITH ANY QUESTIONS.