

LAKER SOCIETY MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Check one: New membership Renewal (member card numbers)

Day Phone: _____ Cell Phone: _____

E-mail: _____

Spouse's Name: _____ Cell Phone: _____
(family membership only)

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 16 ARE NOT ALLOWED IN THE WORKOUT AREA BUT ARE ALLOWED IN POOL & GYMNASIUM.**

NOTICE!
Pool and 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**
Check one: Individual Family _____ **Date**

For office use only:

Card Numbers _____
Date card(s) issued _____ Issued by _____
Expiration date _____
Copy sent to Fitness Ctr _____ Copy sent to Card Services _____

WAIVER FORM MUST BE COMPLETED ON PAGE 2.

**UNIVERSITY OF NORTH GEORGIA FITNESS CENTER
LAKER SOCIETY**

PLEASE PRINT ALL INFORMATION CLEARLY.

Name of Adult Participant

Name of Adult Participant

Name of Dependents

Age

Date of Birth

Name of Dependents	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 THE OFFICE OF PROFESSIONAL & CONTINUING EDUCATION
IN ARTS & TECHNOLOGY, BUILDING 21. CALL 678-717-3605 WITH ANY QUESTIONS.