

**Longwood University Campus Recreation  
Health and Fitness Center  
Membership Application and Agreement**

I/We, the individual(s) named below, desire to become a member /members of the Longwood University Health & Fitness Center and hereby provide the following information and agree as follows:

**Adult Member(s) Information:**

1. Longwood ID # \_\_\_\_\_  
Primary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_@Longwood.edu LU Department \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_
2. Spouse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to Primary: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

**Children/Dependents (under 24 years of age) Information \*must be living in the same household:**

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female Other (circle one)  
4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female Other (circle one)  
5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female Other (circle one)  
6. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female Other (circle one)

**Membership Type (check one):**

***Individual Memberships:***

- \_\_\_\_\_ Full time Faculty/Staff \$90.00/Semester or \$180.00/year, payroll deduction or cash or check  
\_\_\_\_\_ Wage Employee \$90.00/Semester or \$180.00/year, cash or check only  
\_\_\_\_\_ LU Foundation, Aramark, Bookstore, GCA \$90.00/Semester or \$180.00/year, cash or check only

***Family Memberships:***

\$8.50/pay period for spouse or each dependent or \$102.00/semester or \$204.00/year per dependent.

One parking pass will be issued to each Spouse and is good for the Upper Frazer parking lot, blue spaces. The parking pass will expire a year from membership purchase.

**Fees and Dues:**

Members who use the Payroll deduction plan are charged in 24 equal installments on a by-weekly basis on the 1<sup>st</sup> and the 16<sup>th</sup> of each month. All members who wish to use payroll deduction plan, which may not be terminated until after a one year commitment, must fill out the Salary Reduction Agreement information required.

I authorize the verification of the information provided on this form as to my employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT FOR ASSUMPTION OF RISK, INDEMNIFICATION, RELEASE,  
AND CONSENT FOR EMERGENCY TREATMENT**

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in recreational activities at Longwood University Campus Recreation.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT MATT MCGREGOR, DIRECTOR OF CAMPUS RECREATION, AT TELEPHONE NUMBER 434-395-2356.

**Assumption of Risks:**

I understand that physical activity related to Campus Recreation, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Longwood University. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Hold Harmless, Indemnity and Release:**

In consideration of permission for me to voluntarily participate in Campus Recreation activities, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release Longwood University, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence from Longwood University, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. The Primary User and any additional Members on the Primary User's Plan will not hold the University liable in cases of damaged personal property, personal injury, or death.

**Consent for Emergency Treatment:**

I authorize Longwood University and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

- Guests must be accompanied by their sponsor.
- Dependents and youth guests under 18 years of age must be accompanied by an adult.
- Membership fee includes access to all facility areas and some programs. Programs such as Intramural Sports, individual fitness programs, non-credit instruction and outdoor recreation activities may have additional fees.
- Memberships are non-refundable except for separation from Longwood University. Any contract that is not completed is subject to a \$25 administrative fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

If Participant is under 18\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If your son, daughter or ward will be under 18 while participating in recreational activities at Longwood University Campus Recreation, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.