

# MEMBERSHIP AGREEMENT

PRINT CLEARLY

## 1. MEMBERSHIP TYPE:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Faculty/Staff/Retiree        | <input type="checkbox"/> Adult Dependent (ages 18-25) | <input type="checkbox"/> Associate/Parkland                      |
| <input type="checkbox"/> Faculty/Staff/Retiree Spouse | <input type="checkbox"/> Children (ages 3-17)         | <input type="checkbox"/> Affiliate _____                         |
| <input type="checkbox"/> Student Spouse               | <input type="checkbox"/> Alumni                       | <input type="checkbox"/> Recent Graduate (graduation date) _____ |
- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Student (summer memberships only) | <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate |
|--|--|-----------------------------------|

2.  First-time Member  Renewal

## 3. MEMBERSHIP PERIOD:

- |  |                                       |  |                                    |  |
|--|---------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Perpetual Payroll Deduction | <input type="checkbox"/> Spring       | <input type="checkbox"/> Summer I        | <input type="checkbox"/> Fall      |  |
| <input type="checkbox"/> All-year                    | <input type="checkbox"/> Winter Break | <input type="checkbox"/> Spring Mid-year | <input type="checkbox"/> Summer II | <input type="checkbox"/> Fall Mid-year |

## 4. MEMBERSHIP INFORMATION:

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Birthday: \_\_\_\_\_ UIN: \_\_\_\_\_

## 5. INFORMATION APPLICABLE TO ALL SPONSORED MEMBERS:

Sponsor's name: \_\_\_\_\_ UIN: \_\_\_\_\_

*As a sponsor, I accept responsibility for this person's actions as a Campus Recreation member. I acknowledge that problems with the above patron may result in the loss of membership privileges for me and/or other disciplinary actions. I understand that the membership card must be shown each time this person wishes to access the facilities. I understand that unauthorized use of the membership may result in the revocation of privileges accorded to the card holder.*

*If sponsoring a member, ages 17 and under, I understand and agree to the Children's Membership Policies.*

*The sponsor has the right to relinquish sponsorship prior to the membership period ending. The sponsor must submit this request in writing to the Assistant Director of Member Services. Should a sponsor choose to relinquish their sponsorship, the sponsored member will be notified of changes and the membership will be terminated immediately. A refund of the remaining membership will be given to the sponsored member.*

Sponsor's signature: \_\_\_\_\_

## 6. HOW DID YOU HEAR ABOUT MEMBERSHIP WITH CAMPUS RECREATION?

- |   |                                 |  |   |
|---|---------------------------------|--|---|
| <input type="checkbox"/> Campus Rec Guide | <input type="checkbox"/> Poster | <input type="checkbox"/> Inside Illinois | <input type="checkbox"/> Campus Rec website |
| <input type="checkbox"/> Social Media     | <input type="checkbox"/> Friend | <input type="checkbox"/> Word of mouth   | <input type="checkbox"/> Other _____        |

## 6. COMPLETE WAIVER (on back)

## 6. RETURN FORM (return form in person to the ARC or CRCE Member Services)

## OFFICE USE ONLY

CSA: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

- Cash  Check  Credit Card  Payroll Deduction

Database Entry: \_\_\_\_\_

Campus Recreation makes every effort to be accessible to all abilities. If you need accommodations for our facilities or programs, please contact us at [campusrec@illinois.edu](mailto:campusrec@illinois.edu).

# ELECTIVE / VOLUNTEER ACTIVITY WAIVER

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## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**Waiver:** In consideration for membership privileges at Campus Recreation, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, use of Campus Recreation facilities and programs.

**Refunds will be given only for medical reasons or relocation. The relocation must be beyond a 50-mile radius of Champaign-Urbana.**

**Please initial acknowledgement of the refund policy.**

Initials: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Participant or Parent/Legal Guardian of Minor)

**Assumption of Risks:** Campus Recreation membership carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, drowning, partial or total paralysis, and death. We strongly recommend that you consult your personal physician before starting any activity or fitness program.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in recreational activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my membership in Campus Recreation and to reimburse it for any such expenses incurred.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Participant or Parent/Legal Guardian of Minor)

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