

**COMPLETE THE FOLLOWING INFORMATION. PLEASE PRINT:**

Name \_\_\_\_\_  
Last First MI

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth 991 - ISU 991 # 60135203 Scan Code

Address \_\_\_\_\_  
Number and Street City State Zipcode

( ) \_\_\_\_\_  
Telephone Email Address

*By providing your email you are automatically signed up to receive Campus Recreation facility information*

**MEMBERSHIP TYPES & RATES (CHECK APPLICABLE MEMBERSHIP)**

**ISU Non Benefits Eligible Employee**                      [ ] \$348 / 12 = \$29/month                      [ ] \$195 / 6 = \$32.50/month

**ISU Employee – Spouse**                                      [ ] \$348 / 12 = \$29/month                      [ ] \$195 / 6 = \$32.50/month

**ISU Emeriti/Retiree**    [ ] \$480 / 12 = \$40/month                      [ ] \$264 / 6 = \$44/month

**ISU Emeriti/Retiree – Spouse**                              [ ] \$480 / 12 = \$40/month                      [ ] \$264 / 6 = \$44/month

**Educational/Business Affiliate**                              [ ] \$348 / 12 = \$29/month                      [ ] \$195 / 6 = \$32.50/month

**Educational/Business Affiliate – Spouse**                      [ ] \$480 / 12 = \$40/month                      [ ] \$264 / 6 = \$44/month

ISU Department/Company Name: \_\_\_\_\_

**ISU Alumni/Alumni Spouse**                                      [ ] \$480 / 12 = \$40/month                      [ ] \$264 / 6 = \$44/month

**\*Provide Sponsor information for Spouse membership here:** \_\_\_\_\_  
Name 991 - ISU 991#

**Grandfathered LeClub and Rec Sports**                      [ ] \$516 / 12 = \$43/month                      [ ] \$285 / 6 = \$47.50/month

**Law Enforcement or Military**                                      [ ] \$516 / 12 = \$43/month                      [ ] \$285 / 6 = \$47.50/month

I hereby agree to pay \$\_\_\_\_\_ per month for \_\_\_\_\_ months, for a total payment amount of \$\_\_\_\_\_ for the respective membership type and length indicated above. I understand the membership fees are non-refundable and cancellation of membership will only be granted for substantiated health reasons and support by a physician’s release from exercise. I have read the above statement, understand it, and my signature below confirms its full acceptance of the terms and financial requirements of the selected membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INDIANA STATE UNIVERSITY STUDENT RECREATION CENTER (SRC)  
INFORMED CONSENT TO PARTICIPATE, RELEASE OF LIABILITY AND AGREEMENT, WAIVER OF  
LIABILITY, AND MEDICAL TREATMENT AUTHORIZATION**

In consideration of Indiana State University allowing me access to use the Student Recreation Center, including, but not limited to, its fitness, swimming and shower/locker facilities and all of the facilities, equipment, and group exercise programs and services contained therein (collectively referred to hereinafter as the "SRC"), I, the undersigned for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

I understand and acknowledge that access to and /or use of the SRC is potentially hazardous and involves risks, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I understand that negligence of the University and other risks associated with my access to and/or use of the SRC may cause injury, illness, paralysis, or death to myself, or persons, and/or damage to or loss of property. Some of the risks associated with my access to and or use of the SRC include, but are not limited to, equipment failure, known or unknown medical conditions, improper use of equipment, acts of others, and latent or patent defects or dangerous conditions in the SRC. I accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to my access to and/or use of the SRC, and acknowledge that I am voluntarily entering and using the SRC even with knowledge of these risks.

Acknowledging that such risks exists, I hereby RELEASE AND DISCHARGE the University, its affiliates, and their respective officers, representatives, managers, members, directors, owners, agents, contractors, employees, and each of them and/or anyone associated in any way with my access to or use of the SRC (The "University Group") from any and all claims damages, losses, actions, suits, proceedings, expenses, attorney fees, costs, and liability that I, anyone on my behalf, my heirs, next of kin, assigns or personal representatives might have for or relating to any injury to my person or property suffered or claimed to have been suffered by me which arises out of or is related in any manner to my access to or use of the SRC, including, but not limited to, any claim that the act omission complained of was caused in whole or part by the strict liability or negligence in any form of the University Group.

I understand and agree Indiana State University shall provide **ONLY** EMERGENCY MEDICAL TREATMENT for any injuries suffered by me while participating in this program, and do hereby authorize such medical and/or surgical treatment as is deemed necessary by the medical provider while enrolled or participating in any activity under the auspices of Indiana State University, and I assume full responsibility for all medical expenses incurred as a result of injuries suffered by any reason of my participation in the SRC.

I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND THE University Group in any action or proceeding from and against all alleged liability, claims, causes of action, damages, losses, suits, proceedings, expenses, attorney fees and costs arising out of or related in any manner to my access to or use of the SRC, or for my failure to comply with the terms of this Release an Liability and Agreement to Indemnify. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly caused in whole or in part by the strict liability or negligence in any form of the University Group.

This document is governed by the laws of the State of Indiana, and any cause of action relation to the interpretation or enforcement of this document is subject to the exclusive jurisdiction of a court in Vigo County, Indiana. If one or more portions of this document are found to be unenforceable, the remainder of the document will remain enforceable.

I attest and verify that I have all the knowledge of the risks involved in this program, and that I have no previous or existing medical condition (s) which would contraindicate my safe use and participation in the programs and use of the SRC.

I have read and fully understand this Release of Liability and Agreement to Indemnify and agree to be bound by its terms. I understand that by signing this document I am waiving certain legal rights, including the right to sue the University Group. I sign this document freely and willingly.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

**STAFF USE ONLY:**

- Member has valid ISU ID?  Yes  No  ID Form completed?
- Payroll deduction form filed
- Membership updated and active in CSI?