



MORAVIAN COLLEGE FITNESS CENTER

Membership Agreement & Waiver Form

MEMBER PERSONAL INFORMATION:

First Name: _____ Last Name: _____ Graduation Year: _____

Home Address: _____

City

State

Zip

Cell Phone: _____ Home Phone: _____ E-mail: _____

Date of Birth: _____ Age: _____ Faculty/Staff ID# _____

MEMBERSHIP TYPE:

Alumni Membership

Yearly membership of \$20/month. (Must pay year in full - \$240.)

Alumni Membership; age 55 or older along with proper ID

Yearly membership of \$15/month. (Must pay year in full - \$180.)

Faculty/Staff Membership

Family Member/Spouse/Domestic Partner of current Moravian College Employee

Name of current Moravian College employee: _____

Sodexo Employee at Moravian College

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship to Member: _____

Primary Phone: _____ Secondary Phone: _____

OFFICE USE ONLY:

Enrolment Date: _____ Membership Card Issued #: _____ Check or Money Order # _____

Staff Member (Print): _____



MORAVIAN COLLEGE FITNESS CENTER

Membership Terms & Conditions

GENERAL POLICIES

- Current students, faculty and staff have free access to the Fitness Center. Must present valid Moravian College ID to access the Floor of the center via swipe. If you fail to produce an ID, you can be denied admittance. Alumni must provide issued Membership Card to gain access to the center.
- Members will have access to the Fitness Center, LesMills group fitness classes, and the public restroom/locker room facilities only.
- Individuals are responsible for their belongings. Moravian College is not responsible for lost or stolen items in the Fitness Center.
- Coats and bags are to be placed in the designated cubbies at the entrance to the Fitness Center. No bags are permitted on the Fitness Center floor.
- Locker rooms are for day use only. Locks and belongings must be removed daily. Any items left overnight may be deemed abandoned.
- Food and drinks, other than concealed water and sports drinks, are not allowed on the Fitness Center floor.
- The facility may be closed or hours of operation change if the College conditions require such action. Please check website for updates.
- Purchased memberships are non-refundable and non-transferable.
- Use of any form of tobacco, alcoholic beverages and illegal drugs are prohibited in all areas.
- Restitution for damages will be expected from individuals for acts of vandalism and/or theft.
- Failure to comply with the above policies could result in immediate removal from the Fitness Center and/or loss of membership privileges.

EMPLOYEE POLICIES

- Current employees of the College are allowed to have two guests per year. A spouse/domestic partner or child (minimum age of 16) may gain membership.
- Children under 18 years of age must be accompanied by their adult host member in the facility at all times.
- The college's food service provider employees are permitted to use the Fitness Center. They do not have guest access privileges.
- When an employee leaves the college, their membership as well as the memberships of any family members are terminated.

GUEST POLICIES

- A member can sponsor one guest at a time.
- A guest must be sponsored by a current active member of the Fitness Center and must be in the presence of the sponsor at all times when using the facility.
- All guests must have a valid state issued government ID to receive a guest pass.
- All guest must sign a waiver form to gain access to the facility.

FITNESS CENTER FLOOR RULES

- All members must clean equipment immediately after use. Sanitizing cleaners are available throughout the Fitness Center.
- Do not spray sanitizer solution directly onto the cardio equipment monitors. Please spray the paper towel to clean the equipment.
- Return all equipment to its proper storage place including weight plates and cable machine accessories.
- Do not hold onto the treadmill monitor while using the machine. The console can loosen and/or become damaged if done so.
- Use extreme caution and awareness when lifting to avoid potential injury to yourself or others.
- Do not drop dumbbells, barbells, weight stacks or weight plates.

Member Signature: _____

Legal Guardian Signature: _____
(under 18 years old only)

Print Name: _____

Print Name: _____

Date: _____

Date: _____



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Waiver Form

WAIVER STATEMENT

I agree that in exchange for and in consideration of the College's permitting me to participate in this program and all related activities to it including, but not limited to travel, and intending to be legally bound, I hereby assume all the risks associated with the program and agree to release and hold harmless MORAVIAN COLLEGE, its successors, assigns, trustees, officers, employees, and coaches from any and all liability, actions, cause of actions, negligence, debt, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the program.

Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increase risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long term health related risks involved with continued participation in this program even after proper treatment or rehabilitation.

Lastly, I certify that I have no health related reasons or problems which preclude or should restrict my participation in this program and that I have secured medical insurance as required for attending MORAVIAN COLLEGE and /or any additional coverage.

The undersigned, herewith:

- A. Recognizes and acknowledges that neither MORAVIAN COLLEGE nor any of its departments and/or divisions carries special health and/or hospital insurance other than such medical and hospital services as are normally provided for students by the Student Health Center, that would provide such insurance benefits coverage for me in the event I should sustain an injury while participating in the above stated activity.
- B. Agrees if the undersigned is married and/or a minor, the signature of spouse, parent or guardian appearing the space indicated below signifies acceptance of said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them might have against MORAVIAN COLLEGE, its successors, assigns, trustees, officers, employees, and coaches, as a result of the undersigned's participate in the above stated activity.

I have been advised that my signature on this Statement involves the voluntary relinquishment of certain legal rights and that my signature indicates my intent to be legally bound by the terms of this agreement. If I have any questions or concerns about this Statement of Informed Risks and Waiver of Certain Rights, I should consult with counsel or an advisor of my own choice prior to signing it.

STATEMENT OF INFORMED RISKS

I acknowledge that the particular program in which I desire to participate is not required for graduation. My participation is wholly voluntary. I hereby acknowledge that I am participating in these activities with the full realization that they may involve a significant risk of bodily injury. I understand that the injury may range in the severity from minor to long term catastrophic up to and including death, or damage to property of me and others. Such injuries may require me to incur significant medical expenses. I am aware that it is not to delineate specifically each and every individual injury risk, however knowing the material risk and appreciating and reasonably anticipating that injuries and even death are a possibility. **I hereby assume all of the risks which could occur as a result of my participation including the cost of medical care and assistance.**

Member Signature: _____

Legal Guardian Signature: _____

(under 18 years old only)

Print Name: _____

Print Name: _____

Date: _____

Date: _____