

ADELPHI ADULT FITNESS PROGRAM MEMBERSHIP APPLICATION

Name: _____ Date of Birth: _____

Address: _____

Phone (H): _____ Cell: _____ Email: _____

<u>Type of Membership</u>	<u>Yearly</u>	<u>12 Weeks</u>
General Membership	<input type="checkbox"/> \$400	<input type="checkbox"/> \$150
Senior Citizen (65 +)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$100
Alumni Membership: Grad Yr. _____	<input type="checkbox"/> \$300	<input type="checkbox"/> \$100
Faculty/Staff	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50
Two spouses	<input type="checkbox"/> \$600	<input type="checkbox"/> \$225

Make all checks payable to Adelphi University

A Non-Refundable \$50 deposit must accompany this form

RELEASE AND HOLD HARMLESS AGREEMENT

I _____ agree to abide by the Adelphi Adult Fitness Program policies and procedures. I understand that a pre-participation screening, medical clearance, fitness evaluation, and orientation are required to participate in the Adult Fitness Program. I understand that an individualized exercise prescription will be provided for me to follow in a structured class format. The Adult Fitness Program staff reserves the right to require compliance with our standards and policies, and refusal of participation may result if compliance is not feasible.

In consideration of being permitted a membership for Adelphi University's Adult Fitness Program I hereby release all rights and claims for damages I may have against Adelphi University, its' agents, employees and volunteers for any and all injuries (including death) or other damages incurred or sustained as a result of my use of the Adult Fitness facility. Furthermore, I shall indemnify and hold harmless Adelphi University, its' servants, agents and employees from and against any and all liability, loss, cost, expense or damage (including reasonable counsel fees incurred by Adelphi University) and from and against all suits, claims and demands of every kind, by or on behalf of any person, firm, association or corporation including punitive damages, relating to any accident, injury or damage however occurring on or about Adelphi University premises or arising out of my use of Adelphi University's Adult Fitness Program facility. I am aware of the inherent risks associated with physical activity and, to the best of my knowledge, I have no physical limitations that would preclude me from participating in the Adult Fitness Program.

Signature: _____ Date: _____

OFFICE USE: Date rec'd _____ Deposit: _____ Payment _____ COVID Vax Proof _____

Med Clearance _____ GXT (date) _____ Orientation (date) _____

Membership Expiration Date: _____