



METHODIST UNIVERSITY

Nimocks Fitness Center

Membership Application Form

Name (please print): _____

Graduated Year: _____ Social Security Number: ____ - ____ - ____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Numbers: _____
(Home) (Cellular)

E-mail address: _____

Employer: _____ Position: _____

Emergency Contact: _____
(Name) (Number)

Release and Waiver of Liability

HEALTH STATEMENT: In requesting permission to access or use the equipment of the Nimocks Fitness Center, I affirm that my general health is good and that I am not adversely affected by the exercise I will undertake. I further affirm that I am able to perform exercise of a vigorous nature. I am not currently under the care of a physician who should be advised of my desire to participate in this physical activity. ***If I am under the care of a physician, I affirmatively state that I have received his/her permission to participate in vigorous exercise at the Nimocks Fitness Center.***

AGREEMENT TO FOLLOW RULES AND POLICIES: I agree to follow all rules and policies of the Nimocks Fitness Center and to abide by any reasonable requests concerning use of the facility directed to me by the staff of the Nimocks Fitness Center. I agree to operate and use the equipment only in the manner in which it was designed and intended to be used. I understand that my failure to abide by and to follow instructions or requests may result in the termination of my privileges of using the facility. I further understand that Nimocks Fitness Center staff has the right to terminate or alter my privileges at the center at its complete and unilateral discretion.

RELEASE AND WAIVER: In consideration of my access to the Nimocks Fitness Center I hereby accept all risks to my health and of my injury or death that may result from such participation and I hereby release Nimocks Fitness Center, its employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my use of the center, whether caused by negligence of the University employees, or representatives or otherwise. I agree to release and hold harmless Methodist University and its employees from any and all liability whatsoever which may result from my use of the facility or equipment. **I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action for my injury or death or damage to my property that occurs while using the Nimocks Fitness Facility and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligence or intentional act or omission.**

Initial

_____ I have received the Nimocks Fitness Center rules and policy brochure.

_____ Alumni members may not bring any guest.

_____ Alumni members **MUST** present their Nimocks Fitness Center Alumni membership ID card to enter and use the Nimocks Fitness Center. (NO EXCEPTION)

Signature: _____

Date: _____

Approved by Fitness Center Staff: _____

Date: _____

MAIL TO:
Methodist University
Alumni Affairs
5400 Ramsey Street
Fayetteville, NC 28311-1498

OR FAX TO:
(910) 630-7683