Florida Atlantic University (Broward), Department of Campus Recreation:
Membership Application (Payroll Deduction)

Member Information

Last Name: _____ First Name: _____

Email Address: _____ Phone: _____

Home Address: _____ City/State/Zip: _____

Z Number (REQUIRED): _____ Office Phone:_____

Emergency Contact: _____ Phone: _____ Relation: _____

Membership Classification

Membership candidates must provide proof of membership classification and tax will be assessed to all membership prices at time of purchase.

Payroll Deduction FAU Faculty and Staff:

A current Owl Card, letter of employment, or recent pay stub must be shown at time of purchase. Research and Development Park staff are not eligible for payroll deduction.

FAU Faculty & Staff

◯ Monthly, full access

- ◯ 12 month contracts or 10/9 month contracts **on deferred pay**: $7.50 deducted monthly
- ◯ 10/9 month contract **not on deferred pay**: $7.50 deducted monthly, until contract end date*
  Contract start date: _____ Contract end date: _____
- ◯ 8 month **not on deferred pay**: $7.50 deducted monthly, until contract end date *
  Contract start date: _____ Contract end date: _____

*At the time of your contract end, you will be required to pay for the months during the time your contact is not active in one lump sum (at the same monthly rate above) with a credit/debit card. You must also provide a letter from your department showing intent to return to your position at that time. If you do not have proof of intent to return to your position, your membership classification will be re-evaluated.

◯ Annual, full access

- ◯ 1 full payment of $90.00 deducted from first eligible paycheck after membership enrollment

Member Agreement

I, _____, HEREBY UNDERSTAND THAT THIS AGREEMENT IS BINDING FOR THE LENGTH OF TIME OF MY MEMBERSHIP AND IS NON-TRANSFERABLE AND NON-REFUNDABLE. I understand that a processing fee of $30 will be assessed to cancel my membership prior to the end of the contracted term based on my selected membership classification. I understand that my membership privileges are subject to suspension or cancellation due to inappropriate behavior, as determined by the Department of Campus Recreation policies and procedures. I understand that I must inform FAU Campus Recreation of any changes in my in membership classification, at any time that such changes occur (i.e. spouse of faculty/staff member who no longer works for FAU or enrolling as an FAU student). I will be responsible for all charges/payments that occur prior to notifying the Membership Office of changes to my membership classification. **A minimum of three payments must be completed before cancellations will be processed without $30 fee (monthly). All requests for cancellation of memberships must be submitted in writing by the 15th of the month to the Department of Campus Recreation to avoid being charged for the next month.** As an FAU Faculty/Staff member, I hereby authorize the Payroll Department to begin payroll deductions in the amount indicated above for a Monthly or Annual Membership to the Department of Campus Recreation. Deductions are taken out the first paycheck of each month. I hereby consent to the above terms by signing this authorization.

Member Signature _____ Date _____

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Informed Consent Agreement

We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, the undersigned, **declare** that I intend to use some or all of the activities, facilities, programs and services offered by the FAU Department of Campus Recreation and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs are offered are educational, recreational or self-directed in nature. I assume full responsibility, during and after my participation, for my choices, to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service and program of the FAU Department of Campus Recreation brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use. I understand and agree that my participation in the activities, programs and services may or will involve strenuous physical exertion and, therefore, a potential risk of serious physical injury, accident or death.

I further understand that the activities, programs and services offered by the FAU Department of Campus Recreation are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience.

I state that I am solely responsible for my own participation and for my own physical well-being. I am aware and understand that it will be my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical, mental and emotional abilities and medical condition. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assigns, all risk of physical injury, accident or death which may occur before, during or after my participation in any aspect of the activity, program or service. Being aware of the dangers and risks inherent in the activities, programs and services, I nonetheless voluntarily choose to attend and participate in the activities and I assume all risks arising out of such participation, including travel to and from the various locations.

I hereby recognize and assume all the risks associated with participation in Instruction Programs and release the State of Florida, Florida Atlantic University and their respective Trustees, employees, officers and agents, and I hold them free and harmless of and from all actions, causes of action, claims, damages and costs arising from and accruing to me on account of death or any and all accident or injury to me, either directly or indirectly sustained by me as a consequence of my travel to or from, or my participation in any activities related to the instructional program. This release and waiver is intended by me to release the University from all causes of action, including but not limited to causes of action based upon the university's own negligence, as well as any causes of action based upon the negligence of any trustee, officer, agent, employee or independent contractor hired by or working for the University. The terms hereof serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs and services offered by the FAU Department of Campus Recreation at any time before, during or after my participation.

I understand that I am at least 18 years of age and all guests that I sponsor are 18 years of age. I understand that it is my responsibility to present my photo ID and Membership Card to enter all Campus Recreation facilities. I understand that I may not enter into any for profit business agreements that utilize FAU Campus Recreation facilities. I understand that FAU Campus Recreation is not responsible for any items lost or stolen.

I have read and understand the provisions of the foregoing Consent and Release document and do freely accept its terms.

Signature	Print Name	Date

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PAR-Q - Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Yes ◯ No ◯ Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes ◯ No ◯ Do you feel pain in your chest when you do physical activity?

Yes ◯ No ◯ In the past month, have you had chest pain when you were not doing physical activity?

Yes ◯ No ◯ Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes ◯ No ◯ Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes ◯ No ◯ Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes ◯ No ◯ Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:
Your physician must complete our medical release form prior to using our facilities and programs. With your physician's approval you may be able to do any activity you want as long as you begin slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can reasonably be sure that you can:
Start becoming more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

Delay becoming more active if:
If you are not feeling well because of temporary illness such as a cold or a fever - wait until you feel better.
If you are or think you may be pregnant, talk to your doctor before you start becoming more active.

I have read, understood and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Signature	Print Name	Date

RESET PRINT :)

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Office Use Only

Informed Consent Agreement Signed: ☐ Yes ☐ No PAR-Q Signed: ☐ Yes ☐ No

Medical Release Form Issued: ☐ Yes ☐ No Date Issued: _____ Date Returned: _____

Membership Start Date: _____ End Date (if applicable): _____

Payment Method: Payroll Deduction

☐ Key Tag Issued: _____ ☐ Owl Card Activated ☐ Fingerprint

First Deduction Month: _____ Amount: _____

Continued Deductions: _____ Amount: _____ Membership Specialist: _____

Renewals (Annual Memberships Only)

Renewal Date	New Expiration Date	Payment Method	Phone/In-Person	Date/ Membership Specialist
/ /	/ /	Payroll Deduct	☐ Phone ☐ In-Person	
/ /	/ /	Payroll Deduct	☐ Phone ☐ In-Person	
/ /	/ /	Payroll Deduct	☐ Phone ☐ In-Person	
/ /	/ /	Payroll Deduct	☐ Phone ☐ In-Person	

Completed by Coordinator – Facility Operations and Membership Services

First Deduction included on EIB: Pay_____

Continued Deductions Included on EIB: Pay_____

Pro Staff: _____ Date: _____

FLORIDA ATLANTIC UNIVERSITY
DEPARTMENT OF CAMPUS RECREATION

Group Fitness
Waiver, Release, & Hold Harmless Agreement

I am aware that participation in any fitness program involves risk. I understand that the dangers and risks of participation in group exercise include, but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of fitness program participation may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities and generally to enjoy life.

I hereby recognize and assume all the risks associated with participation in the group exercise program and release the State of Florida, Florida Atlantic University and their respective Trustees, employees, officers and agents, and I hold them free and harmless of and from all actions, causes of action, claims, damages and costs arising from and accruing to me on account of death or any and all accident or injury to me, either directly or indirectly sustained by me as a consequence of my travel to or from, or my participation in any activities related to Group Fitness. This release and waiver is intended by me to release the University from all causes of action, including but not limited to causes of action based upon the university's own negligence, as well as any causes of action based upon the negligence of any trustee, officer, agent, employee or independent contractor hired by or working for the University. The terms hereof serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I recognize and acknowledge that Florida Atlantic University and the Department of Campus Recreation do not carry any type of accident or health insurance policy on the participants of group exercise. I also realize that sports and fitness injuries can be catastrophic for those without proper medical coverage.

I am lawful age (age of majority is 18 years +) and legally competent to sign this waiver and release and I have signed the document of my own free will and action. I hereby consent to any publicity, including the use of my name and likeness, in connection with my participation in these activities at Florida Atlantic University.

Date:_____

Print Name:_____ **Signature:**_____

Email Address:_____ **Date of Birth:**___/___/_____ **Circle:** Male Female

Classification: Fr Soph Jr Sr Grad Fac/Staff Alumni Other **Phone:**_____