

Primary Membership Information

Name: _____
 Address: _____
 City/State/Zip: _____
 Email Address: _____
 Emergency Contact Name: _____
 Emergency Contact Phone: _____
 How did you hear about us? _____

Today's Date: _____
 DOB: _____ Gender: ☐ M ☐ F
☐ T (Transgender) ☐ Other _____
 Home/Cell Phone: _____
 Business Phone: _____

Supplemental Membership Information

Spouse/Domestic Partner: _____
 Email Address: _____
 Home/Cell Phone: _____
 Legal Dependent: _____
 Legal Dependent: _____
 Legal Dependent: _____
 Legal Dependent: _____

DOB: _____
 Gender: ☐ M ☐ F ☐ T ☐ Other _____
 Business Phone: _____
 DOB: _____
 Gender: ☐ M ☐ F ☐ T ☐ Other _____
 DOB: _____
 Gender: ☐ M ☐ F ☐ T ☐ Other _____
 DOB: _____
 Gender: ☐ M ☐ F ☐ T ☐ Other _____

Acknowledgement of Understanding

I have read the terms and conditions on the reverse side of this application, fully understand the terms, and understand that they affect my legal rights. I am signing this Agreement knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent allowed by law.

Signature: _____ Date: _____

Office Use Only

Membership Type	Membership Length	Add-Ons
<input type="checkbox"/> Red & Black: Employee (not eligible for parking) <input type="checkbox"/> Red & Black: Alumni <input type="checkbox"/> Red & Black: Affiliate _____ <input type="checkbox"/> Recent Alumni <input type="checkbox"/> Cincinnati <input type="checkbox"/> Non-UC Student	<input type="checkbox"/> Annual <input type="checkbox"/> 9 months <input type="checkbox"/> Semester <input type="checkbox"/> 3 months <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Legal Dependent(s) <input type="checkbox"/> Parking <input type="checkbox"/> Locker <input type="checkbox"/> Towel

Payment Terms	Payment Information
<input type="checkbox"/> Monthly Deductions \$ _____ <div style="margin-left: 100px;">Total Amount Drafted Monthly (if not paid in full)</div> <input type="checkbox"/> Paid In Full \$ _____ <div style="margin-left: 100px;">Total Amount Collected at Time of Sign-Up</div>	<input type="checkbox"/> Cash (paid in full only) <input type="checkbox"/> Automatic Bank Draft <input type="checkbox"/> AMEX / Discover / MC / Visa <div style="margin-left: 100px;">(circle one)</div> <input type="checkbox"/> Payroll Deduction <div style="margin-left: 100px;">(requires completion of additional form)</div>

Member Services Representative (print name): _____	Date: _____
Verification of entry in CSI (print name): _____	Date: _____

Terms and Conditions

Membership Terms

Account Renewal: Annual memberships are based on a one-year contract. Annual membership fees paid monthly will continue on a month-to-month basis after the first-year expiration date unless the membership is cancelled. Membership prices are subject to change. _____ **Initial**

Recent Alumni Memberships: Recent Alumni are defined as graduating within the past 6 months. The recent alumni membership rate is good for one year and recent alumni members will automatically become a Red & Black member after the recent alumni membership expires. _____ **Initial**

Refunding: Memberships are non-refundable unless cancelled within three days of purchase. _____ **Initial**

Cancellations: Cancellation notification must be submitted via the online cancellation form and must be received by the 15th of the month prior to the desired cancellation month. Cancellations during the initial one-year contract period will only be permitted in cases of physician-verified illness or a move out of the 50-mile radius from UC. A \$50 service charge will apply. Cancellation of payroll deduction must coincide with the agreed-upon membership terms. If a primary member cancels and family members wish to continue the membership, one family member will become the primary member and will be charged accordingly. _____ **Initial**

Transferring Accounts: CR memberships are non-transferable. Membership privileges are to be used only by the person to whom the membership was issued.

Frozen Accounts: Annual memberships may be maintained as inactive or unexpired for a \$5/month fee. Months paid at a \$5 rate do not count toward the completion of an annual contract. Current membership rates will be applied to all reactivated memberships.

Suspensions/Terminations: The CR has the right to suspend or terminate memberships for violation of policies or posted rules, failure to pay dues, or actions which violate federal, state, or local laws. Violation consequences may include suspension or termination of CR access privileges.

Facility Closings: During periods of severe inclement weather, public emergency, or other crisis, the president or a designated cabinet officer may announce, through the University of Cincinnati electronic mail system and through the local news media, that some or all of the university's offices and facilities are closed for part or all of a day. Campus Recreation will follow the university policy for snow delays and cancellations. Campus Recreation may close parts of the facility for maintenance purposes. Information about these closings will be posted on our website and in the facility. Campus Recreation will not reimburse membership dues for facility closings due to the above reasons.

Payment Authorized Statement

I authorize the UC Department of Campus Recreation to obtain fee payment for the membership in which I have selected by the method I have indicated. I understand that if any payment is refused my membership will be suspended until payment is received.

Informed Consent Waiver and Release of Liability

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Department of Campus Recreation (DCR), through its Campus Recreation Center (CRC) and Fitness Center at CARE/Crawley (FCCC), provides for activities such as weight lifting, running, aerobic activities, classes, and other sporting activities. These activities involve strenuous exertions of strength using various muscle groups, some involve quick movements using speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death. I understand, and appreciate that the activities and programs at the CRC and FCCC carry certain inherent risks, and I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Waiver of Liability and Indemnification: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment, services, and programs of the DCR, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and agree not to sue the State of Ohio, the University of Cincinnati and its governing board, officers, employees, and agents ("Releasees") from any and all liability for any harm, injury, damage, claims, demands of any kind, actions, causes of action, costs and expenses that I may have or that hereafter may accrue to me, arising out of any loss, damage, or injury, including death, that may be sustained by me or any loss or damage to any property belonging to me, whether caused by the negligence, misfeasance, or nonfeasance of Releasees or otherwise while in or upon premises or equipment of the CRC and FCCC or engaged in any activity or program offered at and by the DCR.

I also agree to INDEMNIFY AND HOLD RELEASEES HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, that result from my participation in or involvement with any program or activity at or associated with the CRC and FCCC and to reimburse Releasees for any incurred expenses. I further agree to comply with the stated and customary terms and conditions of participation and agree that if any unusual or significant hazard is observed, my activities will be discontinued and I will immediately bring such matter to the attention of the nearest official.

Authorization, Release, and Waiver

I authorize Campus Recreation to:

- 1) make and copyright photographic, audio, and/or video recordings of me;
- 2) use the original recordings as production elements in subsequent media projects;
- 3) use, reproduce, modify, distribute, and disseminate such recordings and projects, in any form, manner, or mode of electronic transmission, and for any purpose; and,
- 4) use my name, likeness, voice, and biographical material in connection with such recordings.

I release the University from any liability for errors of omission or commission caused by image or sound editing, human error, or other means. I waive the right to inspect or approve the finished projects.

I certify that I provide this authorization, release, and waiver for value rendered and expect no further financial compensation. I further certify that my performance will be free from libel, slander, and copyright infringement. I revoke all my prior elections on this subject matter.