

# MSU Wellness Center Membership Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Family Members: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Only family members listed will be considered a part of your membership)

Circle one: Walker (\$40) Member (\$250) Member-Family (\$350) Payment: \_\_Annual \_\_Semi-annual \_\_Monthly  
Circle: Blue Cross/Blue Shield: Individual MSU Employee Family MSU Employee

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Emergency Contact: \_\_\_\_\_

## Membership Rules and Regulations: (Please initial)

1. \_\_\_ Members are required to provide a current membership card at each visit. Failure to do so could result in refusal of entry.
2. \_\_\_ Members who allow other persons to use their membership cards will have their membership privileges revoked immediately.
3. \_\_\_ Members must abide by all membership and facility rules and regulations.
4. \_\_\_ Memberships are not refundable or transferable.
5. \_\_\_ No one under the age of 15 allowed in the Fitness Room. Those under the age of 10 must be accompanied by an adult member in all other areas of the facility.
6. \_\_\_ I have received a membership brochure.
7. \_\_\_ I have signed the liability wavier on the back of this registration form.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICE USE ONLY:

Individual Membership Family Membership Walker BC/BS MSU Employee

Date Membership Begins: \_\_/\_\_/\_\_

Family Member is a: Student U-18 College Student Spouse

ID Card Issued for: Individual Family

Staff: \_\_\_\_\_ Cash Check # \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**PARENT'S OR GUARDIAN'S AGREEMENT OF  
WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE**

To be signed by adults if the participant is under 18 years of age.

**Acknowledgment and Assumption of Risk**

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in exercise and fitness activities in the Mayville State University Wellness Center.

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

The undersigned parent and/or legal guardian and participant understand that the State of North Dakota (State) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the State has no responsibility or liability for injury resulting from this activity.

**The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.**

**Waiver of Liability and Indemnification:**

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

- a. **waives, releases, and discharges the State of North Dakota**, its agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and
- b. **defend, indemnify, and hold harmless the State of North Dakota**, its agencies, officers and employees from any and all claims of any nature including costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

**READ BEFORE SIGNING**

Name of Minors: \_\_\_\_\_ (Age) \_\_\_\_\_ (Age)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE**

To be signed by adults participating in the event.

**Acknowledgment and Assumption of Risk**

I am aware of the dangers and the risks to my person and property involved in participating in exercise and fitness activities in the Mayville State University Wellness Center.

I understand that this activity involves certain risks for physical injury. I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in this activity, I recognize the importance and agree to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

I understand that the State of North Dakota (State) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the State has no responsibility or liability for injury resulting from this activity.

**I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.**

**Waiver of Liability and Indemnification:**

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. **waives, releases, and discharges the State of North Dakota**, its agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and
- b. **defend, indemnify, and hold harmless the State of North Dakota**, its agencies, officers and employees from any and all claims of any nature including costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

**READ BEFORE SIGNING**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_