

1. Member Information

Name:		Date:	New Membership / Renewal (circle one please)
Bellarmino ID #:	Do you need a SURF Membership ID?	Yes No	Affiliation: Alumni BU Sponsor
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Mobile Phone:	Work Phone:	
Email Address:		Date of Birth:	

2. Membership Fees

	Fee
12 month-Individual Alumni Membership	
12 month-Individual BU Sponsor Membership <i>*MUST BE A SPOUSE OR CHILD (18 years of age) of a SuRF alumni member, faculty, or staff.</i>	
4 month Seasonal Membership <i>*MUST BE A SPOUSE OR CHILD (18 years of age) of a SuRF alumni member, faculty, or staff.</i>	
BU Parking Permit (valid until 8/31/12) <i>*All cars parking in Bellarmine University parking lots must display a current parking permit. Your parking permit will be mailed to you within 2 weeks.</i>	
Other:	
Total Fees	

Fees*:	Individual Alumni	\$150.00
	Individual BU Sponsor	\$175.00
	4 month Seasonal	\$60.00
	BU Parking Permit	\$70.00
	Veritas	\$0.00
	BU Retired Employee	\$0.00
* All fees are subject to change.		

3. BU Sponsor Information

Name of BU Sponsor:		
Relationship to you:	ID#:	Phone #:

4. Person to Notify in Case of Emergency

Name		
Street Address:		
City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		Date of Birth:

5. Agreement and Signature

By submitting this application, I understand that I am responsible for adhering to the policies and procedures of Bellarmine University and the Sport, Recreation and Fitness (SuRF) Center. I understand that failure to comply with these policies and procedures may result in my being asked to leave the facility and in extreme cases, the termination of my membership.

Name (printed): _____
 Signature: _____
 Date: _____

BU Policies and Procedures are available via the web at: www.bellarmino.edu
 SuRF Policies and Procedures are available via the web at: www.bellarmino.edu/studentaffairs/recreationcenter
 You may also inquire at the SuRF front desk for a hard copy of any information.

For office use only:
CARS entry Excel Entry ID requested ID

Please read the following form and sign at the bottom.

**BELLARMINE UNIVERSITY SPORT, RECREATION, & FITNESS CENTER
GENERAL RELEASE, ASSUMPTION OF RISK AND WAIVER FROM LIABILITY**

In consideration of my using the Facilities and Equipment (both as hereinafter defined) and/or services of the Sport, Recreation, and Sport Center (the "Center"), including any travel related thereto, and my participating in any class, program, exercise training, exercise, Intramural, informal, instructional, group fitness, physical sports, weight and cardiovascular training, climbing wall, and any other activities and/or programs and services sponsored by Bellarmine University and/or activities occurring in the Center whether organized by the Center or individually on my own (hereinafter referred to as the "Programs"), I agree as follows:

1. **RISK FACTORS.** I understand and acknowledge that my utilization of Center's Facilities, including, but not limited to, the running track, batting cages, climbing wall, practice turf, exercise rooms, aerobic studios, and volleyball/basketball courts (the "Facilities") and of the Center's Equipment, including, but not limited to, cardiovascular and exercise weight equipment, treadmills, stationary bicycles, stair machines, and climbing equipment (the "Equipment") and my participation in the Center's Programs involves risk including, but not limited to, the following: risk of property damage and bodily injury, including, but not limited to, permanent disability, paralysis and possibly death. These risks may result from the use of the Equipment or Facilities, from participation in the Programs, from the activity itself, from the acts of myself and/or others, or from the unavailability of emergency medical care for any reason.

2. **ASSUMPTION OF THE RISK.** I expressly and voluntarily consent and agree to assume full responsibility for any and all damages or injury that may arise out of or result from my use of the Equipment or Facilities, and/or my participation in the Programs, except for any injuries caused by the gross negligence or willful or wanton misconduct of any officials, officers, employees, agents, or volunteers of Bellarmine University.

3. **RELEASE.** I hereby release, waive and forever discharge Bellarmine University, its affiliates, their directors or trustees, officers, employees, personnel, volunteers, and any of their staff members, instructors, agents or representatives ("Releasees"), from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur as a result of my participation in the Programs.

I further hereby release, waive and forever discharge Releasees from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur in, on or about the Center's premises or as a result of my using or misusing the Facilities and/or the Equipment.

4. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** I acknowledge reading and knowing all policies and procedures relating to the Programs, Facilities, and/or Equipment and understand that the safe and proper use of Facilities, Equipment or participation in the Programs is dependent upon carefully following such policies and procedures. I agree to comply with and abide by all rules and regulations of the Center and Bellarmine University. The Center staff reserve the right to temporarily or permanently revoke or terminate my membership privileges for any violations of the rules and regulations of the Center or for any violations of the policies and procedures relating to the Programs, Facilities, and/or Equipment of the Center.

5. **PREREQUISITE SKILLS AND TRAINING.** I acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely use the Equipment, Facilities, and to participate in Programs offered in the Center. I agree that if I have any questions as to what skills, qualifications, or training is necessary to properly use the Equipment, Facilities, or participate in the Programs of Center, then I will direct such questions to the appropriate staff member on site.

6. **INDEMNIFY AND DEFEND.** I agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, causes of action, liabilities, losses, costs (including reasonable attorneys' fees and court costs) or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to my use of the Center, Facilities, Equipment and/or my participation in any Program.

7. **PAY.** I agree to pay for any and all damages to any property of Releasees caused by my negligence, willfully or otherwise.

8. **REPRESENTATIVES.** I enter into this Agreement for myself, my spouse (if any), my heirs, assigns and legal representatives and persons claiming through or under myself.

9. **CONSENT AND RELEASE FOR EMERGENCY TREATMENT.** I, as a user of the Center, Facilities and Equipment and participant of the Center's Programs, hereby consent to medical treatment in a medical emergency where I am unable to consent to such treatment. **I further release the Releasees from any claim whatsoever on account of first aid treatment, emergency medical services or other services rendered to me during my participation in the Programs and use of the Facilities and/or Equipment.**

10. **INSURANCE.** I understand Bellarmine University does not carry participant insurance, and that I will be solely responsible for any medical, health or personal injury costs relating to my use of the Center, Facilities and/or Equipment. I understand that I am encouraged to have a medical physical examination and to purchase health insurance for myself prior to any and all participation in any of the Center's Programs.

11. **JURISDICTION.** The interpretation and performance of this General Release, Assumption of Risk and Waiver from Liability ("Release") shall be construed in accordance with the laws of the State of Kentucky, and any litigation arising out of this Agreement shall be venued in the State of Kentucky and shall be governed by the laws of the State of Kentucky.

12. **SCOPE OF RELEASE AND SEVERABILITY.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the law of the State of Kentucky, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

13. **ACKNOWLEDGEMENT.** I have read and fully understand this Release. I realize it relates to surrendering and releasing valuable legal rights and remedies. By signing this Release, I hereby freely and voluntarily release those legal rights and remedies.

Date

Name of Participant (please print)

Signature of Participant

Name of Parent/Guardian (if Participant is under age 18) (please print)

Signature of Parent/Guardian (if participant is under age 18)