

RECREATION MEMBERSHIP APPLICATION 2009-10

Individual Dual



UW-LA CROSSE FACULTY/STAFF/STUDENT/EMERITI

Personal Information

First Name _____ Middle Initial _____ Last Name _____
 Check One: Faculty Academic Staff Classified Staff Emeritus Student
 Contract Type: Annual Academic Year Semester Other _____
 Campus Address _____ UW-L ID# _____
 Local Address _____ City _____ ST _____ Zip _____
 Home Phone _____ E-mail _____

SPOUSE/DOMESTIC PARTNER (Required only if purchasing a spouse/domestic partner membership. Proof of relationship required.)

Personal Information

First Name _____ Middle Initial _____ Last Name _____

MEMBERSHIP FEE INFORMATION (Spouse/Partner membership add \$5.00 for ID Card Fee)

<input type="checkbox"/> Summer	<input type="checkbox"/> Semester	<input type="checkbox"/> Academic Year	<input type="checkbox"/> Annual
Start Date:	Start Date:	Start Date:	Start Date:
End Date:	End Date:	End Date:	End Date:
Faculty/Staff/Emeriti/Spouse/Partner \$43 each Student Spouse/Partner \$26	Faculty/Staff/Emeriti/Spouse/Partner \$91 each Student Spouse/Partner \$63	Faculty/Staff/Emeriti/Spouse/Partner \$182 each Student Spouse/Partner \$127	Faculty/Staff/Emeriti/Spouse/Partner \$225 each Student Spouse/Partner \$152
Total Due:	Total Due:	Total Due:	Total Due:

Waiver Please Read & Sign:

I, the undersigned, in full recognition and appreciation of the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my voluntary participation in activities at the Recreational Eagle Center and Mitchell Hall. Furthermore, I do hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the negligent actions or omissions of the undersigned. I understand all risks and dangers and am fully aware that the University or State of Wisconsin does not provide health and accident insurance for injuries resulting from my voluntary participation. I grant the Recreational Sports Department permission to utilize my likeness for use by television, films or printed media to further the aims of the department and release them from any/all claims in its usage. I have read and executed this document with full knowledge of its significance. In witness whereof, I have caused this release and indemnification agreement to be executed. By signing this document, I acknowledge that I am at least 18 years of age.

UW-L Employee/Student Signature: _____ Date: _____

Spouse/Partner Signature: _____ Date: _____
 (Only if purchasing spouse/partner membership)

OFFICE USE

Membership Start Date: _____ Membership End Date: _____

- Membership type Individual Dual
- Membership Fee: _____
- Card Fee: \$5 (Spouse/Partner Card only)
- Total Amount Due: _____

- Proof of Relationship
- Privileges Assigned
- Spouse/Partner Card Number _____
- Copy to Member
- Copy to HR (Payroll Deduction Only)
- Access

Payment Type:

- Payroll Deduction: # payments _____ @ \$ _____
- Cash
- Tower Tender
- Check # _____

Staff: _____ Date: _____

Hours of operation may be adjusted for semester breaks, holidays and facility maintenance.

Please return form to the Recreational Eagle Center Room 130