

FACULTY/STAFF PAYROLL DEDUCTION MEMBERSHIP ENROLLMENT FORM

PLEASE FILL OUT FORM AND EMAIL TO CAMPUS-RECREATION@MEMPHIS.EDU	
NAME	U NUMBER
Monthly Deduction or Biweekly Deduction	Individual Membership or Household Membership
(MEMBER MAY SPONSOR ONE ADULT WHO LIVES IN HOUSEHOLD AND ANY CHILDREN 21 OR	YOUNGER IN THEIR CUSTODY. PROOF OF ADDRESS AND DEPENDENCY WILL BE REQUIRED.)
MONTHLY DEDUCTION IS BASED ON SALARY, SO PLEASE INDICATE WHICH CATEGORY YOU FALL UNDER: (Check One)	
INDIVIDUAL: \$18 per month	HOUSEHOLD: \$36 per month
If household membership, please list household members who will be on membership:	
NAME	DATE OF BIRTH (mm/dd/yyyy)
EMERGENCY CONTACT NAME	NUMBER
I UNDERSTAND THAT MY PARTICIPATION IN A CAMPUS RECREATION PROGRAM, OR USE OF A CAMPUS RECREATION FACILITY AT THE UNIVERSITY OF MEMPHIS ("UNIVERSITY") MAY EXPOSE ME TO ACTIVITY-RELATED RISKS. I UNDERSTAND THAT, ALTHOUGH PRECAUTIONS ARE TAKEN TO PROVIDE ORGANIZATION, SUPERVISION AND INSTRUCTION, I AM RESPONSIBLE FOR MY OWN SAFETY. I AM AWARE THAT THERE ARE CERTAIN RISKS INVOLVED WHEN I (AND MY HOUSEHOLD MEMBERS) PARTICIPATE IN RECREATIONAL ACTIVITIES AND I (ALONG WITH MY HOUSEHOLD MEMBERS) KNOWINGLY AND WILLINGLY ASSUME THOSE RISKS. I UNDERSTAND THE UNIVERSITY DOES NOT REQUIRE ME TO PARTICIPATE IN THIS ACTIVITY, BUT I WANT TO DO SO, DESPITE THE POSSIBLE DANGERS AND DESPITE THIS RELEASE. IN CONSIDERATION OF AND IN RETURN FOR THE SERVICES, FACILITIES AND THE OTHER ASSISTANCE PROVIDED TO ME BY THE UNIVERSITY OF MEMPHIS IN THIS ACTIVITY, I RELEASE THE UNIVERSITY (HEREINAFTER INCLUDING ITS GOVERNING BOARD, EMPLOYEES AND AGENTS) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO ME, FROM MY DEATH OR DAMAGE TO MY PROPERTY IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY THE ACTS OR FAILURES TO ACT OF THE INSTITUTION, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE BY THE INSTITUTION. I ACCEPT RESPONSIBILITY TO VERIFY THAT I HAVE NO PHYSICAL OR PSYCHOLOGICAL CONDITIONS THAT WOULD PROHIBIT MY PARTICIPATION IN CAMPUS RECREATION TO AUTHORIZE EMERGENCY MEDICAL TREATMENT, IP DEEMED INCESSARY BY THE UNIVERSITY. I AGREE THAT THE UNIVERSITY SAUMES NO RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE WHICH MIGHT ARISE OUT OF OR IN CONNECTION WITH SUCH AUTHORIZED MEDICAL EMERGENCY TREATMENT. I FURTHER STATE THAT I HAVE ADEQUATE HEALTH INSURANCE NECESSARY TO PROVIDE FOR AND PAY FOR ANY MEDICAL COSTS THAT I MAY INCUR DURING OR ARISING FROM MY PARTICIPATION. I (AND MY HOUSEHOLD MEMBERS) WILL ABIDE BY ALL POSTED RULES AND REQULATIONS. I UNDERSTAND THAT MY MEMBERSHIP UNIVERSITY FOR INJURIES,	
SIGNATURE	DATE