



Student Recreation Center
Payroll Deduction Membership Form

Personal Information:

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Employee #: \_\_\_\_\_

Membership Selection: (totals include 6% sales tax)

Faculty [ ] Staff [ ] (\$192)

Faculty/Staff (+1) Spouse/Sponsored Dependent [ ] (\$342)

Faculty/Staff (+2) Spouse/Sponsored Dependent [ ] (\$456)

Faculty/Staff (3+) Spouse/Sponsored Dependent [ ] (\$564)

Spouse's / Sponsored Dependents Name(s): \_\_\_\_\_

If available, Spouse's / Sponsored Dependent's Email: \_\_\_\_\_

If available, Spouse's / Sponsored Dependent's ECU ID #: \_\_\_\_\_

I elect to pay the previously selected Spouse/Sponsored Dependent amount through payroll deduction. This membership will continue until terminated. Free individual plans expire June 30, 2019. All membership fees, including the free individual plan, are subject to taxation. To terminate your membership(s), please contact the Department of Campus Recreation.

By this agreement, I understand that an appropriate amount equal to \$\_\_\_\_\_ will be deducted from my paycheck per year for the Spouse/Sponsored Dependent membership. However, either party may terminate this agreement as of the end of any month (or pay period) by giving written notice.

I hereby authorize the Department of Campus Recreation to request my spouse's/sponsored dependent's membership fee be deducted from my paycheck by Human Resources.

Signature

Date

Please mail to: Student Recreation Center
SRC 105
521 Lancaster Ave.
Richmond, KY 40475

Please make sure to sign the waiver on the back.

**Eastern Kentucky University's Department of Campus Recreation**

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK.

Please read it carefully, fill in all blanks and **initial each paragraph** before signing.

I, \_\_\_\_\_, hereby affirm that I have read this document in its entirety. By my signature below and by my **initialing each paragraph**, I agree to each and every term and condition of this document.

\_\_\_\_\_ I UNDERSTAND THAT PARTICIPATION IN **EKU Campus Recreation Fitness Programs, Services, and Events** CARRIES WITH IT CERTAIN INHERENT RISKS AND DANGERS. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO: PERSONAL DAMAGE, INJURY, PARALYSIS, LOSS, DEATH, OR PROPERTY DAMAGE OR LOSS. I understand that these risks are described by way of example only, and that there are numerous other risks inherent in this activity to which I may be exposed. In the event of possible injury, I give permission for ECU to authorize the administration of medical care.

\_\_\_\_\_ IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN **Fitness Programs, Services, and Events** at **Eastern Kentucky University**, during the **Fall 2019 and Spring 2020 Semesters**: I, on behalf of myself and anyone claiming interest through me, DO HEREBY INTENTIONALLY, KNOWINGLY, AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS EASTERN KENTUCKY UNIVERSITY, and all its employees, regents, volunteers, and representatives of Healthy You at ECU FROM ANY AND ALL CLAIMS, ACTIONS, SUITS, PROCEDURES, COSTS, EXPENSES, DAMAGES, AND LIABILITIES brought as a result of my involvement in this event, whether such damage, injury, or loss results from NEGLIGENCE or some other cause, and to reimburse them for any such expenses incurred.

\_\_\_\_\_ I understand that the University in no way represents, or acts as an agent for, any third party trip organizer, the transportation carriers, hotels, and other suppliers of service during this event. I understand and agree that the University is not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes or disruptions. Further, the University is not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therefrom.

\_\_\_\_\_ I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I acknowledge that Healthy You at ECU has not required, coerced, or encouraged me to participate in this event. I understand that I signed this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

\_\_\_\_\_ I further agree that this document will be interpreted in accordance with the laws of the Commonwealth of Kentucky. If any term or provision of this document shall be held illegal, unenforceable, or in conflict with any law governing this document, the validity of the remaining portions shall not be affected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Membership will begin as soon as Campus Recreation receives your Payroll Deduction form.**