

Hartwick College Faculty & Staff Membership Application

Waiver and Release: (Must be completed and on file prior to use of the facilities)

I, the undersigned, have read and understand the General Rules for Fitness Center use at Hartwick College. I acknowledge a full understanding of the inherent dangers and risks associated with the use of these facilities and/or any fitness/wellness activity occurring. I further state that I am at least 18 years of age and am fully competent to sign this document.

I acknowledge that it is recommended that I seek approval from my physician before implementing an exercise regimen, as there may be significant health risks associated with exercising. I also understand that injury or death may result if equipment is not used properly.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any fitness/wellness facility activity. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities or I have decided to participate in these activities without the approval of my physician.

I assume all risks involved; I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property, which may occur as a result of my participation or arising out of my participation in the Fitness Centers or any fitness/wellness activity occurring therein.

I understand that in the event of an accident or injury, personal judgment may be required by Hartwick employees, representatives, or volunteers regarding what emergency/medical actions should be taken on my behalf.

I, for myself, and on behalf of my spouse, children, heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless, Hartwick College, its trustees, officers, agents, students and/or employees from any and all claims, demands, damages and liability of any nature arising out of my use or occupancy of the Fitness Centers or any fitness/wellness activity occurring therein.

**By signing below, I accept the terms and policies of the application as listed above.*

Applicant Signature: _____
Spouse/Partner/Dependent Signature: _____
(As applicable) _____



HARTWICK HAWKS

Hartwick College Faculty & Staff Membership Application

Date: _____
Applicant Name (Please Print): _____
Applicant Hartwick ID #: _____
Date of Birth: _____

Address: _____

Phone Number(s):

Home: _____ Work/Cell (circle one): _____

E-mail: _____

For Family Membership Information:

Please circle one: Spouse Partner

Spouse/Partner Name: _____ Date of Birth(MM/DD/YYYY): _____

Email: _____

Dependent Children:

- ❖ Please note that children 18 and under will not receive their own ID card and must be in the presence of a parent who holds a valid ID card to gain access.
- ❖ Children over the age of 26 are not eligible for the free membership and are welcome to purchase one of the annual memberships.

Name of Child: _____ Date of Birth: _____

Emergency Contact:

Name: _____

Phone: _____

Relation: _____

Please return this form to Anne Barreto in the Office of Human Resources, Shineman Chapel House

Faculty & Staff, your issued WICKit card serves as your fitness facility ID

Once you receive an email from Heidi Tanner that your account has been activated, you may go and get your Family Fitness ID Cards made

Please remember you must provide your ID card to the attendant each time you wish to use the fitness centers.



HARTWICK HAWKS