



## Membership Application Form

Primary Member:	
Membership/Emory Employee #: ____ - ____ - ____ - ____ - ____ - ____ - ____	
Address:	
City/State/Zip:	
Telephone Number:	Email Address:
Is this a NEW Membership? YES NO	

	Annual 12 Months	Summer Extended April 1 – November 1	Summer May 15 – Labor Day
Faculty/Staff Individual	[ ] \$350	[ ] \$230	[ ] \$140
Faculty/Staff Family	[ ] \$595	[ ] \$335	[ ] \$265
Alumni/Affiliate Individual	[ ] \$425	[ ] \$290	[ ] \$185
Alumni/Affiliate Family	[ ] \$745	[ ] \$480	[ ] \$370
Community Individual	[ ] \$550	[ ] \$425	[ ] \$320
Community Family	[ ] \$1100	[ ] \$690	[ ] \$585
Student Spouse Individual	[ ] \$160	[ ] \$110	[ ] \$55
Student Spouse Family	[ ] \$370	[ ] \$265	[ ] \$175
Clairmont Campus Resident	[ ] \$0	N/A	N/A
Housing Individual	[ ] \$0	N/A	N/A
Housing Family	[ ] \$80	N/A	N/A
Intern	N/A	N/A	[ ] \$15
	Fall/Winter Season November 1 – March 31	Spring/Summer Season April 1 – October 31	
Reserved – Full	[ ] \$50	[ ] \$50	
Reserved – ¾	[ ] \$40	[ ] \$40	
Daily – Full	[ ] \$30	[ ] \$30	
Daily – ½	[ ] \$15	[ ] \$15	

Spouse/Registered Partner:	Age:	Membership No:
Family Member:	Age:	Membership No:
Family Member:	Age:	Membership No:
Family Member:	Age:	Membership No:
Caregiver/Family Member:	Age:	Membership No:

Membership Fee: \$\_\_\_\_\_ (+) Locker Fee: \$\_\_\_\_\_ (+) Parking Fee \$\_\_\_\_\_ (=) Total Fee: \$\_\_\_\_\_

**Release, Covenant Not To Sue And Waiver:** The fitness and recreational activities in which the participant identified below will be taking part involve an inherent risk of physical injury and the undersigned assumes all such risks. The undersigned hereby agrees that for the sole consideration of Emory University allowing the participant identified below to participate in such recreational and fitness activities for which, or in connection with which, the University has made available any equipment, facilities, grounds, or personnel for such activities, the undersigned does hereby release, covenant not to sue and forever discharge Emory University and its trustees, officers, agents, employees, students and volunteers of any and for all claims, demands, rights and personal injuries, damage to property, and the consequences thereof resulting from participation in, or in any way connected with such recreational and fitness activities. The undersigned understands that this Release, Covenant Not To Sue, Waiver and Assumption of Risk shall be effective unless and until Emory University receives written notice of revocation from the signatories hereto, which notice must be sent to the address listed above. By signing the document, the undersigned hereby acknowledges that he/she has read the above carefully before signing, and agrees to comply with all the above on (month) \_\_\_\_\_ (day) \_\_\_\_\_, (year) \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

For Office Use Only	
Received By: _____	Date Received: _____/_____/_____
Entered in Database By: _____	Date Entered: _____/_____/_____
Begin Date: _____/_____/_____	Expiration Date: _____/_____/_____