



Membership Extension Form

Primary Member:
Membership/Emory Employee #: ____ - ____ - ____ - ____ - ____ - ____ - ____
Address:
City/State/Zip:
Phone Number:
Email:
Category of Membership: <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Alumni/Affiliate <input type="checkbox"/> Community <input type="checkbox"/> Student Spouse
Type of Membership: <input type="checkbox"/> Individual <input type="checkbox"/> Family
Membership Extension: <input type="checkbox"/> Summer to Summer Extended <input type="checkbox"/> Summer to Annual <input type="checkbox"/> Summer Extended to Annual

	Summer to Summer Extended	Summer to Annual	Summer Extended to Annual
Faculty/Staff Individual	<input type="checkbox"/> \$90	<input type="checkbox"/> \$210	<input type="checkbox"/> \$120
Faculty/Staff Family	<input type="checkbox"/> \$70	<input type="checkbox"/> \$330	<input type="checkbox"/> \$260
Alumni/Affiliate Individual	<input type="checkbox"/> \$105	<input type="checkbox"/> \$240	<input type="checkbox"/> \$135
Alumni/Affiliate Family	<input type="checkbox"/> \$110	<input type="checkbox"/> \$375	<input type="checkbox"/> \$265
Community Individual	<input type="checkbox"/> \$105	<input type="checkbox"/> \$230	<input type="checkbox"/> \$125
Community Family	<input type="checkbox"/> \$105	<input type="checkbox"/> \$515	<input type="checkbox"/> \$410
Student Spouse Individual	<input type="checkbox"/> \$55	<input type="checkbox"/> \$105	<input type="checkbox"/> \$50
Student Spouse Family	<input type="checkbox"/> \$90	<input type="checkbox"/> \$195	<input type="checkbox"/> \$105
	Fall/Winter Season	Spring/Summer Season	
	November 1 – March 31	April 1 – October 31	
Reserved – Full	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
Reserved – ¾	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	
Daily – Full	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
Daily – ½	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	

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: ____/____/____