



BAR CODE#: _____

~ at bottom of your Student Card ~

STUDENT REGISTRATION FORM

SMUfit Membership: (please check): New to SMUfit Renewing my fitness membership

Name: _____ Phone (h): _____

Student ID# (A#): _____ Phone (c): _____

Email: _____ Gender: ___ Female ___ Male

Full time Part time

Birthdate: M____/D____/Y____

IN CASE OF EMERGENCY, CONTACT: Phone: _____ Name: _____

If my application is accepted, I agree to abide by all rules and policies governing the use of SMUfit's facilities and equipment. I acknowledge and agree that SMUfit Management may immediately cancel my membership if I engage in any activity which, in the sole opinion of SMUfit Management, is potentially dangerous or disruptive to me or other users of SMUfit's facilities and equipment. By signing below, I also give permission to have photos taken of me and used in future promotional literature, programs, website for Saint Mary's University.

SIGNATURE OF APPLICANT: _____ Date: _____

RELEASE AND WAIVER

I acknowledge that participation in athletics and recreation activities involves the risk of personal injury. In consideration of the use of the facilities, premises and equipment of Saint Mary's University ("University") by me for athletics and/or recreation activities, I accept that risk regardless of the nature of the injury. I agree and understand that the "University", its officers, employees, agents and representatives shall not be liable for any personal injury, death, loss of property or damage as a result of my participation in athletics and/or recreation activities at the "University", whether caused directly or indirectly by the fault or negligence of the "University", its officers, employees, agents or representatives or otherwise. I hereby release, indemnify and hold harmless the "University", its officers, employees, agents or representatives of and from all claims, causes of action, costs, expenses or demands which myself, my heirs, executors, administrators or assigns may have with respect to any such injury, death, loss or damage of action, costs, expenses or demands which myself, my heirs, executors, administrators or assigns may have with respect to any such injury, death, loss or damage.

I CONFIRM I HAVE READ, UNDERSTOOD AND ACCEPT THE ABOVE CONDITIONS.

Date: _____

Participant Signature: _____ SMUfit Staff Signature: _____