

Department of Recreational Sports (RecSports) General Release

Please initial the following statements:

I understand membership fees will ONLY be refunded (less a \$10 processing fee) if cancellation is requested by 7:00pm of the third business day after this membership agreement is signed. If paying through payroll deduction, I understand that refunds cannot be issued. _____

I understand participation in physical activities including, but not limited to exercise programs, testing and assessments, such as those available in the RecSports programs and facilities involve a higher degree of risk than normal activities and may cause lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, fractures, dislocations, muscle trauma and similar problems, and in rare instances heart attack, stroke or death. I will consult my physician if in doubt as to my ability to participate safely in activities offered by Recreational Sports. _____

I recognize and acknowledge that the University of Florida and the Department of Recreational Sports do not carry any type of accident or health insurance policy on the participants. I also realize that recreational sports injuries can be catastrophic for those without proper medical coverage. _____

I hereby recognize and assume all the risks associated with my participating in recreational sports activities and release the University of Florida Board of Trustees, the University of Florida Department of Recreational Sports, the state of Florida, the Florida Board of Governors, the Florida Department of Education and their respective employees, agent representatives, and volunteers from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney’s fees, or demands of any kind of nature whatsoever which may arise or in connection with my participation in any activities related to recreational sports. The terms hereof serve as a release and assumption of risk for myself as well as my respective heirs, estates, executors, administrators and assignees. _____

This membership ONLY provides access to Southwest Recreation Center and Student Recreation and Fitness Center. *These facilities close or adjust hours for home football games and around the academic calendar.* _____

I further understand rules, regulations and guidelines for the RecSports programs and facilities have been designed to protect the rights and safety of each eligible participant and I agree to abide by these rules. I understand policies are subject to change at the discretion of the RecSports Board of Directors and the management of RecSports. _____

If Applicable:

* The Weekend Membership allows for access to the recreation centers on Saturdays and Sundays for 6 months or 12 months from the date of the membership purchase. _____

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ AND UNDERSTAND IT; THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, THAT I SIGN IT VOLUNTARILY AND FOR FULL AND ADEQUATE CONSIDERATION, FULLY INTENDING TO BE BOUND BY THE SAME; AND THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT.

Print Name

Signature

Date

OFFICE USE ONLY	
DATE RECEIVED	
SALES ASSOCIATE	

**RECREATIONAL SPORTS
FACULTY/STAFF/SPOUSE/AFFILATE/ALUMNI
MEMBERSHIP APPLICATION**

Please note: You must possess a Gator 1 Card to use the Recreational Sports facilities.

OFFICE USE ONLY	
MBSHP	
EXP DATE	
PAR-Q	
PHYS	
FUSION	
RCT#	

Name: _____
Last First M.I.

UF ID Number: _____ **Birthday:** _____ **Email Address:** _____

Work Phone: () _____ **Cell Phone:** () _____ Home Phone: () _____

Home Address: _____
Street Address City State Zip

If purchasing a Spouse/Partner membership, complete this box for the Spouse/Partner who is UF Affiliated.

Last name, First Name _____ UFID: _____ Phone: _____

Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. **Please answer the questions below:**

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
- Do you frequently have pains in your heart or chest? YES NO
- Do you often feel faint or have spells of severe dizziness? YES NO
- Has a doctor ever said your blood pressure was too high? YES NO
- Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? YES NO
- Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? YES NO
- Are you over 65 and not accustomed to vigorous exercise? YES NO
- Are you pregnant? YES NO

Applicant's signature _____ **Date:** _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact: _____

Relationship: _____ **Phone Number:** _____

MEMBERSHIP TYPE – FEES INCLUDE 6.5% SALES TAX (SELECT ONE)

12 Month Memberships	1 Member Package	Spouse/Partner Combo	2 Member Package	3 Member Package	4 Member Package
Amount per employee	\$426	\$745.50	\$372.75	\$346.13	\$319.50

MEMBERSHIPS REQUIRING PAYMENT UP FRONT IN FULL

Classification	2 Weeks	1 Month	3 Months	6 Months	6 Months (Weekend*)	12 Months (Weekend*)	12 Months
SINGLE F/S/A	\$53.25	\$63.90	\$159.75	\$239.63	\$90.53	\$159.75	\$426

* 1 month extensions for \$36.21 are available for 3, 6, and 12 month member, but must be purchased before the member's current membership expiration date.