

ST. LAWRENCE UNIVERSITY FITNESS CLASSES

DATE _____

CLASS: _____ DAY & TIME _____ CLASS FEE _____

NAME _____

EMAIL ADDRESS _____

CELL PHONE # _____

MEMBERSHIP STATUS:

- Fitness Center Member
- Faculty/Staff
- Student
- Non-Member

METHOD OF PAYMENT

- Credit Card (Last 4 Digits _____)
- Check (made payable to St. Lawrence University) Check# _____
- CWA (please indicate ID# _____)

Non-Fitness Club Members need to sign a waiver form on the back.

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**St. Lawrence University – Fitness Club Waiver & Release Form
Stafford Fitness Center Programs/Multipurpose Room**

For and in consideration of being permitted to use the St. Lawrence University’s Athletic Facilities and/or participate in Fitness Classes I, the undersigned, assume all risks in any way connected with or related to physical exercise and hereby agree to defend , indemnify , hold harmless and waive any and all claims which I may have arising out of theft or destruction of, or damage to personal property, personal injury, or death and release St. Lawrence University, it’s agents, servants, and employees from any liability whatsoever relating to my use of the St. Lawrence University facilities. For any membership which includes privileges for family use of these facilities, all terms and conditions of this Waiver and Release apply with equal force to all members of the family. I have read all the St. Lawrence University’s Athletic Rules and policies and hereby agree to follow them. I also acknowledge that failure to comply with these policies may result in loss of Fitness Center privilege.

By signing this Waiver & Release Form, I agree that I understand the risks of exercise, have no known physical limitations that would be made worse by exercise. I have fully read, understand and agree to the terms and conditions.

Signature _____ Date _____

Print _____ Employee Initials _____

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