MEMBERSHIPS

St. Lawrence Fitness Center

Stafford Field House
Canton NY, 13617
Phone: (315)229-7260
Fax: (315)229-5589

MEMBERSHIP INFORMATION:

If applying for a family membership, please provide information for each authorized family member. Each immediate family member must fill out separate PAR-Q forms. Immediate family is identified as mother, father, & children to the age of 21, or full-time student under parent's insurance up to age 26. Children ages 0-4 are included in the family membership at no additional charge & do not count towards the 4 member limit. (Primary member plus 3 more.) Must be 14 years old to use the Fitness Center. Additional children ages 5-21 can be added at an additional yearly charge of $35. Children under age of 14 must be under supervision of parents at all times & are not allowed in the Fitness Center.

ADDITIONAL FAMILY MEMBERS:

1) First Name: ___________________ Last Name: ____________
   Birthdate: ____________ Relationship to Client: ____________

2) First Name: ___________________ Last Name: ____________
   Birthdate: ____________ Relationship to Client: ____________

3) First Name: ___________________ Last Name: ____________
   Birthdate: ____________ Relationship to Client: ____________

4) First Name: ___________________ Last Name: ____________
   Birthdate: ____________ Relationship to Client: ____________

   5th Person Extra $35

All memberships begin and end on the day of sign-up. All new memberships come with the ID cards, however Lost Card Fee is $35. Fitness Center Hours are subject to Change.

MEMBERSHIP DETAILS:

OFFICE USE ONLy

1) Membership Type: ____________________
   Type of Access: Full or Limited
   Duration: 1 month 3 month 6 month 12 month
   Method of Payment: Check Cash Credit
   Date: ________ Staff: __________
   Fee: ________ Computer: ______
   Activation: ______ Expiration: ______
   Needs a Card? Y / N

2) Membership Type: ____________________
   Type of Access: Full or Limited
   Duration: 1 month 3 month 6 month 12 month
   Method of Payment: Check Cash Credit
   Date: ________ Staff: __________
   Fee: ________ Computer: ______
   Activation: ______ Expiration: ______
   Needs a Card? Y / N

3) Membership Type: ____________________
   Type of Access: Full or Limited
   Duration: 1 month 3 month 6 month 12 month
   Method of Payment: Check Cash Credit
   Date: ________ Staff: __________
   Fee: ________ Computer: ______
   Activation: ______ Expiration: ______
   Needs a Card? Y / N
For and in consideration of being permitted use of the St. Lawrence University's Athletic Facilities I, undersigned, assume all risks in any way connected with or related to physical exercise & herby agree to defend, indemnify, hold harmless and waive any and all claims which I may have arising out of theft or destruction of, or agents, servants, and employees from any liability whatsoever relating to my use of the athletic facilities. For any membership which includes privileges for family use, all terms and conditions apply to the members of the family. I have read the St. Lawrence University's Athletic Rules and Policies and herby agree to follow them. I also acknowledge that failure to comply with these policies may result in loss of Fitness Center privileges.

INSTRUCTIONS: Please Read each question carefully then check YES or NO.

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Has your doctor ever said you have a heart condition?

Do you feel pain in your hear/chest/back when you engage in physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

In the past month, have you experienced chest pain when not engaging in physical activity?

Do you have a bone/joint problem that could be made worse by your physical activity?

Is there a good physical reason, not mentioned her, why you should not follow an activity program?

Are you currently taking any medications? If YES please specify: ___________________________

_______________________________________________________________________________

_______________________________________________________________________________

If you answered YES to one or more of the above questions, then you may need written permission from a physician before participating in physical and aerobic exercise at the St. Lawrence fitness center. Tell your doctor about the PAR-Q and which questions you answered yes to. Bring a release form signed by your doctor.

If you answered NO honestly to ALL questions above, it signifies that you are allowed to engage in physical activity and fitness activities. The fact that you answered NO does not guarantee you will have a normal response to exercise. Begin slowly and build up, if you experience any abnormality stop immediately.

Signature: ___________________________ Date: ______________

Signature: ___________________________ Date: ______________

Signature: ___________________________ Date: ______________

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.