

**Kean University Recreation and Fitness Center
Alumni Membership Application**

Non-Transferable Membership

Please Print:

Date: _____ Kean Student ID # _____

Name (Circle one -- Mr./Miss/Mrs./Ms.)

Home Address _____

City/State/Zip _____

Home Phone (____) _____ Cellular Phone (____) _____

Emergency Contact Name _____

Emergency Phone Contact Number _____

Preferred E-mail Address _____

RELEASE

In consideration for the acceptance of my membership, I release and discharge Kean University, New Jersey Educational Facilities Authority, and the State of New Jersey, their employees, and all individuals assisting me from all claims of damages, demands and actions, whatsoever, in any manner or growing out of my participation, that I assume and pay my own medical and emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses, and that I'm physically fit and sufficiently trained to use this facility.

I acknowledge and agree that Kean University is not responsible for loss or theft of personal belongings. I also agree to pay an extra charge for damage arising from any careless use of equipment.

I have carefully read the policies and procedures before I signed this application. I fully realize that this is a binding legal document which affects any claims I might have had resulting from use of the facility before, during and after my enrollment. I also understand that gym availability is based on the University's athletic teams' use of the facility.

Member Signature

Date

Processed by

Date

Payment type (circle one)

Check/Money Order
(Payable to Kean University)

Visa

MasterCard

Check Number _____ Date _____ Amount _____

Credit card number _____ Auth Code _____

Expiration date (mm/yy) _____

Name of cardholder _____

Signature _____

Mailing address of cardholder _____
