

Mort Harris Recreation and Fitness Center Membership Application

Today's Date: _____

Banner PID #: _____

Plan Code: _____

Last Name _____ **First Name** _____ **M.I.** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Campus Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone: _____

Work Phone: _____

E-mail: _____

In case of an emergency, please contact: Name: _____ **Phone** _____

Sponsor Information:

Sponsored by: _____

Sponsor Signature: _____

Sponsor RFC Membership ID #: _____

WSU Affiliation: _____

**Full Access-Employee, Retiree, Alumni and Sponsored Members
Rates are subject to change.**

_____ **12 month employee/retiree (\$252) code 9**

_____ **12 month alumni (\$357)***

*Must be a member of WSU Alumni Association with proof of membership

_____ **12 month sponsored (\$383.25) code 11**

_____ **9 month academic calendar employee (\$189)****

_____ **9 month academic calendar sponsored (\$330.75)****

** Must be purchased in August or September to current WSU employees with proof of employment is valid September 1-May 31.

_____ **90 day sponsored (\$110)**

***Must be paid in full

IMPORTANT: All memberships must be paid in full for 3, 9 or 12 month period prior to membership cancellation. No refunds will be given before the selected membership term has expired. I understand that my payroll deduction and direct debit membership is a minimum of 9 or 12 months and this authority will remain in effect after a period of 9 or 12 months unless I cancel in writing. Memberships cancel within 30 days of notification.

For Office Use Only

Amount Paid \$ _____

Eligibility Verified: Y N

Request Approved: Y N

Membership Entered: Y N

Payment Method:

Cash Charge Payment Plan Payroll

Reason for Denial: _____

Membership ID #: _____

WSU OneCards are required for a Mort Harris Recreation and Fitness Center membership. If you do not already have a OneCard, you need to go the OneCard Service Center (Welcome Center, Suite 257) and get one within one week of purchasing a membership. The card is free with proof of Mort Harris RFC membership receipt.

Conditions:

As a condition of my membership, I agree to the following:

All exercise and participation is done at my risk. Wayne State University, its employees, agents and the Mort Harris Recreation and Fitness Center Management team shall not be liable for personal injury.

I give Wayne State University, its employees and agents the irrevocable right to use my (or my child's) picture, portrait or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy which may be created in connection therewith.

It is my responsibility to consult with my primary care physician, if necessary, prior to participating in any exercise, training or related activities at the Mort Harris Recreation and Fitness Center.

By signing this application, I understand and agree that I am waiving my right and the right of my heirs, administrators, executors, successors, and assigns to all claims arising out of the use of the facilities and my membership including but not limited to personal injury, including bodily injury and death, and all property damage.

Signature of Participant

Printed Name of Participant

CAMPUS RECREATION



MORT HARRIS
RECREATION AND FITNESS CENTER

World-Class Experience

Wayne State University ■ 5210 Gullen Mall ■ (313) 577-2348 ■ rfc.wayne.edu