

Mort Harris Recreation and Fitness Center Membership Application

Today's Date: _____

Banner ID #: _____

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: _____

Rates are Subject to Change

- ___ 12 Month Employee/Retiree/Spouse (\$252)
- ___ 9 Month Academic Calendar Employee/Spouse (\$189)
- *** Must be purchased in August or September to current WSU employees
- ___ Semester Only FACULTY/STAFF ONLY (\$80)
- *** Begins on the date of purchase and ends at end of current semester
- *** Must be paid in full
- *** Must be paid in full

- ___ 12 Month Alumni (\$299)
- ___ Recent Alumni Semester Only Membership (\$35)
- *** Must have graduated within 12 Months of purchase
- ___ 12 Month Community (\$383.25)
- ___ 90 Day Community (\$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 \$ _____

Payment Method: (Please circle)

Eligibility Verified: Y N

Cash Charge Payment Plan Payroll

Request Approved: Y N

Reason for Denial: _____

Membership Entered: Y N

Membership ID #: _____

WSU OneCards are required for a Mort Harris Recreation and Fitness Center membership. If you do not already have an 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



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