

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

WU ID#: \_\_\_\_\_  
*\*Once a spouse patron card is purchased we will need the card number to activate the card.*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Washburn Affiliation: See reverse side of this document for eligibility requirements.**

- \_\_\_\_\_ Retired Faculty/Staff
- \_\_\_\_\_ Chartwells
- \_\_\_\_\_ Washburn 60+ Audit Students (Only eligible for semester they are enrolled.)
- \_\_\_\_\_ Spouse/Domestic Partner\* (There will be additional 1 time fee paid to the icard office for an ID card)
- \_\_\_\_\_ *Name of Spouse/DP* \_\_\_\_\_

**Membership Options and Rates:**

|                        |                        |                         |                          |
|------------------------|------------------------|-------------------------|--------------------------|
| _____ 1 month \$12.50  | _____ 4 months \$50.00 | _____ 7 months \$87.50  | _____ 10 months \$125.00 |
| _____ 2 months \$25.00 | _____ 5 months \$62.50 | _____ 8 months \$100.00 | _____ 11 months \$137.50 |
| _____ 3 months \$37.50 | _____ 6 months \$75.00 | _____ 9 months \$112.50 | _____ 12 months \$150.00 |

**Payment Options:**

- \_\_\_\_\_ Check
- \_\_\_\_\_ Cash
- \_\_\_\_\_ Credit Card

**FOR OFFICE USE ONLY**  
Record transaction information on the back of this form.

**Participation Release:**

By my signature below, I agree to follow all Student Recreation and Wellness Center policies and procedures. I fully understand failure to do so may result in penalty, up to and including loss of membership privileges.

My signature below also indicates my understanding that I am an adult and have decided to participate in the Washburn Student Recreation & Wellness Center (SRWC). My participation is wholly voluntary. I agree as follows: 1. I recognize and acknowledge that Washburn University does not carry health or hospital insurance that would provide insurance coverage for me in the event I should sustain an injury while participating at the SRWC or in associated activities. 2. With the full knowledge that participation at the SRWC and associated activities involves the risk of injuries, including but not limited to sprains, scrapes, lacerations, fractures, concussion and death, I freely and voluntarily accept and assume any and all such risks. 3. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, forever discharge and agree to defend, indemnify and hold harmless Washburn University and its employees, agents, officers, trustees and representatives from and against any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses, costs, and attorney's fees, which arise out of, result from, occur during or are in any way connected, directly or indirectly, to my participation. 4. I hereby freely and willingly give Washburn University and its authorized agents and employees the absolute right and unrestricted permission to copyright, use and/or publish my photographic likeness in any form for the purpose of advertising, for endorsing or promoting such University in any print or electronic media. 5. I waive any right that I may have to inspect and approve the finished product or the copy that may be used in connection with the likeness or the use to which it may be applied. It is understood that my name may or may not be used in conjunction with the photographic likeness. It is understood that no compensation has been paid and that no fee or compensation shall be due me for giving permission to such University for the use of my photographic likeness for the purpose stated above. 6. I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**For purposes of membership to the SRWC, individuals are defined as students, faculty, staff, or spouse/domestic partner based on the criteria listed below.**

**Student: Tuition paying, full-time enrollment eligible, student**  
*Part-time students, who have graduated from high school, are considered SRWC members.*  
*Part-time students, who have not graduated from high school, are not considered SRWC members.*  
*Faculty and Staff members who are paying for tuition are considered students.*  
*60+ Audit students are eligible to purchase memberships.*

**Faculty: Benefit eligible member of the faculty**  
**Adjunct faculty (currently under an employment contract)**  
**Retired faculty**  
*Retired status is verified with the Human Resources department.*

**Staff: Benefit eligible member of the staff**  
**Part-time &/or Temporary staff (currently under an employment contract)**  
**Retired staff**  
*Retired status is verified with the Human Resources department.*  
*Incidental employees are not eligible for SRWC membership.*

**Spouse/Domestic Partner: Spouse or domestic partner of an individual meeting the student, faculty or staff criteria**

**NOTES: FOR MEMBERSHIP & RENEWAL PAYMENTS**

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