

MEMBERSHIP/PROGRAM APPLICATION AND REGISTRATION FORM

I hereby apply for a Tower membership or for the program(s) indicated below.

- Tower Membership** (Please check):
- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Tower | <input type="checkbox"/> Community | <input type="checkbox"/> 1 Year Membership |
| <input type="checkbox"/> Tower Plus | <input type="checkbox"/> Alumni | <input type="checkbox"/> 4 Month Membership |
| <input type="checkbox"/> SMU Student | <input type="checkbox"/> Spouse | <input type="checkbox"/> 1 Month Membership |
| | <input type="checkbox"/> 55 Plus | |
| | <input type="checkbox"/> Full time SMU Faculty/Staff | |
| | <input type="checkbox"/> Part time SMU Faculty/Staff/Students | |
| | <input type="checkbox"/> Outside Students | <input type="checkbox"/> New |
| | <input type="checkbox"/> Corporate/Group | <input type="checkbox"/> Renewal |
| | <input type="checkbox"/> Active Living | |

Payroll Deduction
Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSONAL INFORMATION

Name: _____ Phone: (H) _____
 Address: _____ Apt. #: _____ Phone: (W) _____
 City: _____ Province: _____ E-mail: _____
 Postal Code: _____ Gender: Female Male
 Student ID# (if applicable): _____ Birthdate: M____/D____/Y____

IN CASE OF EMERGENCY, CONTACT: Name: _____ Phone: _____

If my application is accepted, I agree to abide by all rules and policies governing the use of The Tower's facilities and equipment. I acknowledge and agree that The Tower Management may immediately cancel my membership if I engage in any activity which, in the sole opinion of Tower Management, is potentially dangerous or disruptive to me or other users of The Tower's facilities and equipment.

Signature of Applicant: _____ Date: _____

MEMBERSHIP REFUND POLICY

- A) If not fully satisfied, refunds will be issued within five (5) days of purchase.
- B) **Medical Reasons** - Medical certificate specifying that the individual can no longer participate in physical activity.
- C) **Work Related** - Transferred or moving out of province, letter from employer required to confirm the aforementioned facts.

Note: Refunds will only be **processed from the date that a written request or medical certificate is received** by the Department of Athletics & Recreation. All refunds will be calculated on the remaining portion of the membership fee and will take approximately 21 days to process. Applicable to 4 month or 1 year memberships only. All refunds are subject to an administration fee.

Active Living Refund Policy: Prorated refund available before 2nd class only.

RELEASE AND WAIVER

I acknowledge that participation in athletics and recreation activities involves the risk of personal injury. In consideration of the use of the facilities, premises and equipment of Saint Mary's University ("University") by me for athletics and/or recreation activities, I accept that risk regardless of the nature of the injury. I agree and understand that the "University", its officers, employees, agents and representatives shall not be liable for any personal injury, death, loss of property or damage as a result of my participation in athletics and/or recreation activities at the "University", whether caused directly or indirectly by the fault or negligence of the "University", its officers, employees, agents or representatives or otherwise. I hereby release, indemnify and hold harmless the "University", its officers, employees, agents or representatives of and from all claims, causes of action, costs, expenses or demands which myself, my heirs, executors, administrators or assigns may have with respect to any such injury, death, loss or damage of action, costs, expenses or demands which myself, my heirs, executors, administrators or assigns may have with respect to any such injury, death, loss or damage.

I CONFIRM I HAVE READ, UNDERSTOOD AND ACCEPT THE ABOVE CONDITIONS.

Dated this _____ day of _____, _____.

Signature of Participant (or parent/guardian): _____

Witness: _____	Witness Phone: _____
Address: _____	Date: _____