



**Payroll Deduction for USA Faculty/Staff  
MEMBERSHIP IS A 12-MONTH COMMITMENT**

Initial Here  
(Primary Member)

\_\_\_\_\_  
J Number

\_\_\_\_\_  
Day Time Phone Number

NAME: (as recognized by USA)

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
LAST NAME

Payroll Status:       Monthly       Bi-Weekly (deducted on first paycheck of the month)

FEES:

The following fees will be payroll deducted. Please check all options that apply to this membership. A monthly charge will appear as "SRC Mem" on your pay stub. If for some reason your current payroll has insufficient funds to cover your deduction, arrears will be taken on the next payment where sufficient funds exist. This deduction will recur until you end it. You must fulfill an annual commitment before ending the deduction. Any changes to this deduction must be made in person through the Department of Campus Recreation. If you leave the University before your annual commitment expires, your membership will automatically be cancelled. There is a one time \$5.00 fee for every id card that has to be made.

Check all that apply and total:

<input type="checkbox"/>	USA Faculty /Staff Membership	Monthly	<input type="checkbox"/>	\$10.00
<input type="checkbox"/>	Spouse		<input type="checkbox"/>	\$10.00
<input type="checkbox"/>	Dependents (per person)		<input type="checkbox"/>	\$8.00
<input type="checkbox"/>	Towel Rental		<input type="checkbox"/>	\$3.00

**Monthly Deduction Total:**      \$

My signature below indicates that I have read and agree to the above terms and conditions and authorizes the "SRC Mem" charge listed above to be deducted from my paycheck.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax completed form to Shannon Rhodes at 461-1491 or return in person to the Department of Campus Recreation located in the Student Recreation Center.

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date of first deduction ____/____/____	Deduction Amount _____
Payroll Date _____	Deduction Change _____
Payroll Date _____	Deduction Change _____
Payroll Date _____	Deduction Change _____
Payroll Date _____	Deduction Change _____

## University of South Alabama Student Recreation Center Membership Agreement

Valid USA Affiliation Identification or USA National Alumni Society Identification is required  
Memberships are Non-refundable

### Primary Membership Information

- Faculty/Staff
- Alumni – Annual Membership in USA Alumni Association
- Alumni – Lifetime Membership in USA Alumni Association
- University Affiliate
- Spouse of Student
- Retiree

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Jag # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

*Emergency Contact*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Secondary Membership Information

- Spouse
- Plus One (only applies to Faculty/Staff, Alumni, & Affiliates)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

*Emergency Contact*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Dependent Information (Limited Hours Apply)

Children under the age of 17 are only allowed access during dependent hours  
Dependent hours are Friday 4-10 PM, Saturday 8 AM-9 PM, and Sunday 1-9 PM

Initial here  
*(Primary Member)*

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_



# USA STUDENT RECREATION CENTER MEMBERSHIP

## WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**ASSUMPTION OF RISK:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Department of Campus Recreation at the University of South Alabama has facilities for and provides for activities such as weightlifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the Department of Campus Recreation at the University of South Alabama. I hereby assert that my participation is voluntary and that I knowingly assume such risks.

**WAIVER:** In consideration of permission to use the property, facilities, staff, equipment and services of the Department of Campus Recreation at the University of South Alabama, I for myself, my heirs, personal representatives or assigns, do hereby covenant not to sue, and release, waive, and discharge from liability the University of South Alabama, its trustees, officers, agents, servants, and employees from any and all claims including the negligence of the University of South Alabama Department of Campus Recreation resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observations and use of facilities, premises, or equipment.

**INDEMNIFICATION AND HOLD HARMLESS:** I agree to indemnify and hold harmless the University of South Alabama, its trustees, officers, agents, servants and employees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, arising or resulting from my involvement at the University of South Alabama and to reimburse them for any such expense incurred.

**SEVERABILITY:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Alabama and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this *Waiver of Liability, Assumption of Risk, and Indemnity Agreement* and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I also agree to abide by all policies developed by the Department of Campus Recreation at the University of South Alabama of which I have received a copy. Failure to do so may result in a suspension of my Student Recreation Center membership and privileges.

Member(s) must sign in the presence of one (1) witness. If under the age of nineteen (19), member(s) and guardian(s) must sign this agreement.

IN WITNESS WHEREOF, member(s) and guardian(s) (if applicable) have caused this release to be signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
PRIMARY MEMBER SIGNATURE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF GUARDIAN (if applicable)

\_\_\_\_\_  
Telephone number of guardian

\_\_\_\_\_  
SECONDARY MEMBER SIGNATURE

OR

\_\_\_\_\_  
SIGNATURE OF GUARDIAN (if applicable)

\_\_\_\_\_  
Name and telephone number of next of kin