



UMF FITNESS & RECREATION CENTER MEMBER/GUEST REGISTRATION FORM



Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Contact Email: _____ Phone: _____

Policy Acknowledgement

- **Cancellation** - Memberships are non-transferable and non-refundable. Perpetual memberships are subject to a \$50 early cancellation fee. Exceptions to these policies would include a medical necessity or a relocation. A membership cancel/change form must be submitted with proper documentation in order to be considered for a cancellation and /or refund.
- Use of another person's membership is prohibited and may result in the termination of membership for all parties involved.
- All areas are available for public use WHEN OPEN – University functions/activities have first priority.
- **TRACK:** Walkers need to stay to the inside of the track while runners should pass on the outside and there should be no more than two people across.
- Personal training and private health/sport coaching in the FRC is only permitted by FRC staff.
- Members and guests must wipe down all equipment, including mats after each use. Spray the paper, not the equipment.
- **FOOD AND DRINK:** Water is the only beverage allowed on the courts, track, weight room or pool area. Any other food or drink may only be consumed in the lobby area. No glass containers are allowed in any area.
- Cell phone use for calls is restricted to the lobby. Photos/video may not be taken without FRC staff permission. Please use personal headphones for music and other audio aspect of phone use. Phones are NOT to be used in the locker/shower/restroom areas.
- The FRC will close for certain holidays, inclement weather, pool incidents, University events, and for 5 days in August for maintenance and cleaning. These closures are reflected in our rates and thus no further discount is applicable.
- Children under 14 must be accompanied by an adult who is responsible for the child while at the FRC. Children 14-17 years old may be required to provide a copy of their birth certificate to verify their age.
- **DRESS CODE** – Shirts that cover both the mid-chest and entire lower torso, as well as shorts with a minimum 2” inseam, and clean, close-toed shoes must be worn in all FRC spaces except locker rooms and the pool.

I agree to abide by these policies as well as all other policies listed in the full FRC Policy Manual found on the FRC website.

Signature: _____ Date: _____

Waiver on reverse ↴



RELEASE AND ASSUMPTION OF RISK



I, _____ (your name) _____, of _____ (town, state) _____, having been born on _____ (date of birth) _____, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to utilize the facility and equipment, as well as participate in the programs of the Fitness & Recreation Center, (hereinafter referred to as the "Center") from the date listed below and for the entirety of my participation at the Center. In consideration of being permitted to participate at the Center, I do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next of kin, my personal representatives, and my estate.
2. That I have been fully informed of the nature, scope and risks of membership and participation at the Center. I understand that the Center may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.
3. That the University of Maine System and its University at Farmington (hereinafter referred to as the "University") has informed me that there may be dangers and hazards inherent to participants at the Center because of the activities involved. I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating at the Center and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation at the Center, **INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, DAMAGES, DEMANDS, ACTIONS OR CAUSES OF ACTION RESULTING FROM THE NEGLIGENCE OF THE UNIVERSITY, ITS TRUSTEES, FACULTY, AGENTS, EMPLOYEES OR VOLUNTEERS.**
4. I declare that I am able to physically withstand and cope with the indicated rigors involved with participation at the Center with or without a reasonable accommodation. If an accommodation is needed, I will alert a member of staff at the Center.
5. This "Release and Assumption of Risk" shall be subject to the laws of the State of Maine. If any portion of this form is held invalid, void, unenforceable, or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing. I intend to be fully bound thereby.

Assented and agreed to on _____ (today's date) _____.

Signature of Participant: _____

I, _____, the parent or legal guardian of _____, consent to my child participating in the Program and agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program. Parent or Guardian

Signature of Parent or Guardian: _____