



# Recreation & Wellness Membership Application

## Contact Information

First & Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Birth Month: \_\_\_\_\_ Birth Year: \_\_\_\_\_ UIN: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Plus One Member Information (ODU Only)

First & Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Birth Month: \_\_\_\_\_ Birth Year: \_\_\_\_\_ UIN: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Acknowledgment of Risk

\_\_\_\_\_ (INITIAL) I understand that there is a degree of risk in the activities and programs of Old Dominion University Recreation & Wellness "SRC" and to use its facilities, equipment, and machinery including muscle strain and tearing, cartilage and tendon damage, injury to bones and spine, problems due to elevated heart rates and breathing that could result in injury, permanent injury or even death. I further understand that it is my responsibility to cease physical activity before I over exert myself. I understand that in some instances I will be encouraged to improve prior performance, but I accept the responsibility to decline to perform activity that may overexert or injure me and I assume the risk in all instances.

\_\_\_\_\_ (INITIAL) I understand that I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and assume and accept that any and all risks of injury or death.

\_\_\_\_\_ (INITIAL) I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the SRC or use of equipment or machinery except as hereafter stated. I do hereby acknowledge that I have been informed of the need for physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I may have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and the utilization of equipment and machinery in my activities.

## Membership Plan

### STUDENT

- Student Plus 1
- ELC/EVMS Student

### FACULTY/STAFF

- Employee
- Employee Plus 1

### AFFILIATES

- Alumni
- Emeriti
- Retirees
- University Friends

### COMMUNITY

- Community

## Membership Payment Term

- Monthly Draft
- Annual
- Semester
- Payroll Deduction

Pay Category: 1(\$0-29K) 2(30K-59K) 3(\$60K+)  
 \$5.00 per pay per member    \$7.50 per pay per member    \$10 per pay per member

## Payroll Deduction Authorization

- \_\_\_\_\_ I authorize a deduction from my paycheck in the amount of \$ \_\_\_\_\_ per pay period to the ODU SRC.
- \_\_\_\_\_ I understand that my membership will automatically renew each pay period.
- \_\_\_\_\_ In order to stop payroll deduction, I understand that I must submit a termination form and that I will be responsible for two additional deductions within 30 days of submission.

## Membership Agreement (signature required)

I understand that ODU Recreation & Wellness memberships are prepaid, fixed term plans with the exception of faculty/staff payroll deduction and any month with draft option; which are continuous membership plans and will automatically renew unless I provide written notice of my intent not to renew at least 30 days prior to the due date of my next payment. I also understand that Recreation & Wellness reserves the right to increase the membership rates based on the market and will provide me with a 30 day notice.

I further understand that my membership dues are non-refundable and that any monthly credit card draft or payroll deduction payment that is not disputed within 60 days of the charge date is considered to be valid and may not be refunded. I, the undersigned, hereby make application for membership for Recreation & Wellness facilities. I agree to abide by the Old Dominion University Recreation & Wellness policies and procedures.

Signature: \_\_\_\_\_

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

### Office Use Only

Received By: \_\_\_\_\_

MSS UIN#: \_\_\_\_\_



## COVID-19 COVENANT—JUNE 2020

**The SARS-CoV-2 variant of the Coronavirus** is an extremely contagious virus that spreads easily through person-to-person, community, and surface contact. Infection by this virus can cause the disease known as COVID-19, which can lead to severe illness, personal injury, permanent disability, and death. There is no known treatment, vaccine, or cure for COVID-19, nor is there any known human immunity, including among those who have recovered from COVID-19. Federal and state authorities recommend physical distancing as a means to prevent the spread of the virus.

Participating in Old Dominion University's RECREATION & WELLNESS/STUDENT RECREATION CENTER programs or accessing RECREATION & WELLNESS/STUDENT RECREATION CENTER facilities could increase the risk of contracting COVID-19. RECREATION & WELLNESS/STUDENT RECREATION CENTER in no way warrants that COVID-19 infection will not occur through participation in RECREATION & WELLNESS/STUDENT RECREATION CENTER programs or accessing RECREATION & WELLNESS/STUDENT RECREATION CENTER facilities. The undersigned hereby agrees that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of RECREATION & WELLNESS/STUDENT RECREATION CENTER (other than any exclusively online services and programs) within 14 days after (i) exposure to any person who has a suspected or confirmed case of COVID-19, (ii) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (iii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, nor at any time if he or she (iv) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (v) has a suspected or diagnosed/confirmed case of COVID-19.

The undersigned agrees to notify RECREATION & WELLNESS/STUDENT RECREATION CENTER immediately if he or she believes that any of the foregoing access/use restrictions may apply. The undersigned acknowledges that RECREATION & WELLNESS/STUDENT RECREATION CENTER cannot guarantee the safety of any member, guest, or staff member who utilizes the facilities, services, and programs of RECREATION & WELLNESS/STUDENT RECREATION CENTER. The undersigned acknowledges that use thereof by the undersigned and/or such participating children may, despite the RECREATION & WELLNESS/STUDENT RECREATION CENTER's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

The undersigned acknowledges that RECREATION & WELLNESS/STUDENT RECREATION CENTER has established and communicated detailed safety protocols for the protection of staff, members, and guests. As a condition of accessing RECREATION & WELLNESS/STUDENT RECREATION CENTER premises and programs, the undersigned and such participating children accept responsibility to understand and abide by these protocols, and to check for updates before play and on a daily basis if necessary and assume the risk of contracting COVID-19. The undersigned further agrees to abide by the direction of RECREATION & WELLNESS/STUDENT RECREATION CENTER staff in relation to monitoring and enforcement of these protocols.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK AND ACCEPTANCE OF RESPONSIBILITY FOR COMPLIANCE WITH SAFETY PROTOCOLS THAT HAVE BEEN ESTABLISHED BY THE RECREATION & WELLNESS/STUDENT RECREATION CENTER INTERIM DIRECTOR OF OPERATIONS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO RECREATION & WELLNESS/STUDENT RECREATION CENTER THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

Except as permitted by the Virginia Tort Claims Act, I agree that I am assuming all responsibility for use of these facilities at Old Dominion University.

IN WITNESS WHEREOF, this instrument is duly executed this \_\_\_\_\_ day of

\_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Name (Print Clearly)