**Campus Recreation**

**Membership Agreement**

**Member Information**

|  |  |
| --- | --- |
| Last Name | First Name |
|  |  |
| Affiliation | E-mail Address *(NAU preferred if applicable)* |
|  |  |
| Employee ID (*If applicable*) | Primary phone number |
|  |  |
| Address | Risk Waiver Filled out (Date) |
|  |  |

**Membership Information**

|  |  |  |
| --- | --- | --- |
| Membership Selected | Type (semester or annual) | Membership end date |
|  |  |  |
| Locker Selected | Type (semester or annual) | Locker end date |
|  |  |  |

\*The standard hours of operation can be located at the front desk of both the recreation and aquatic center.

As a member of Northern Arizona’s Campus Recreation facilities and programs, you are required to read and initial each line to confirm that you agree to our policies and guidelines:

\_\_\_\_\_ I am able to, and it is recommended that I access the full list of Campus Recreation policies and guidelines on our website as I am expected to follow all polices.

\_\_\_\_\_ I understand that Campus Recreation does not guarantee or provide parking for its members. Options are available through NAU parking services and through the city of Flagstaff.

\_\_\_\_\_ **I understand that I am not eligible for a refund or a transfer of my membership.** If I experience a change in my health condition that prohibits use of my membership, I may submit a written request for review, supported by a physician’s recommendation to the Member Services Coordinator.

\_\_\_\_\_ I understand that if I wish, I may pause my membership for up to a year. This request must be submitted in writing to the Member Services Coordinator at least five (5) business days prior to the first day of the pause.

\_\_\_\_\_ I understand that this is a student facility, and as such, there can be crowds at times making the use of the facility difficult.

\_\_\_\_\_ I understand that based on the semester schedule, holidays, student events and Campus Recreation programming that the hours of Campus Recreation facilities may deviate from posted times unexpectedly and without warning.

\_\_\_\_\_ I understand that if I purchase a locker, I am required to use the lock supplied by Campus Recreation. Any foreign locks will be cut off from the locker. I understand that I am not eligible for a refund or transfer of my locker service.

\_\_\_\_\_ I understand that I am required to clean out my locker at the end of my rental period. If I wish to renew my locker, then I must do so before the current rental period expires.

\_\_\_\_\_ I understand that if I choose to sponsor a plus 1 member, I am accepting full liability for their participation at Campus Recreation facilities and programming. Plus 1 member actions could result in a loss of my privileges depending on the severity of said actions.

\_\_\_\_\_ I understand that a full list of facility and user polices are available to me at the front desk of the recreation center and online at nau.edu/recreation.

*\*\*IMPORTANT: Acknowledgement of Risk and Waiver of Liability\*\**

In consideration for being granted a membership, I voluntarily assume the risk of injury, accident, death, loss, cost or damage to my person or property which might arise from my use of CR facilities and/or equipment, and I agree to indemnify, hold harmless, and release the State of Arizona, Arizona Board of Regents, NAU, and their employees and agents, from any and all liability for any injury or damage to myself, including those caused by the negligent acts or omissions of any of those mentioned or in any way arising out of or connected with my use of CR facilities and/or equipment.

*By signing below I acknowledge that the information I have provided is accurate and I have initialed and agree to the terms above as well as those established in the Campus Recreation Services member agreement provided online on our website. Any clarifying questions can be directed to desk staff or the Operations Manager who can be reached via email at MemberServices@nau.edu phone at 928-523-7687 or in person via a scheduled appointment.*

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

|  |
| --- |
| DESK STAFF ONLY |
| Name (Please print clearly) | Date |
|  |  |

\*Once this form has been completed please put in the member services coordinator’s box\*