



Fitness Center & Gym
UW-Marshfield/Wood County
Membership Form

Exp. Date: _____

Each family member requesting a membership must be listed on this application, waiver and pay the membership fee annually.

Application

Name (Primary Member) _____ Age _____
 (Family Members -if needed) _____

Address _____

Phone _____ Email _____

Emergency Contact Name and Phone Number _____

Type of Membership	Semester	Academic Year	Calendar Year	Summer Only
(Circle one)	Fall: Sept-Dec Spring: Jan. - May	Sept. - May		
Individual	\$50	\$80	\$100	\$30
Family	\$70	\$100	\$135	\$40
Senior Citizen (65+)	\$40	\$70	\$90	\$25
Senior Citizen Family	\$60	\$90	\$110	\$30
Student	\$25	\$40	\$60	\$20

Membership Start Date _____ Membership End Date _____

Waiver

I and/or minor, _____, desire to engage, voluntarily, in the use of the equipment in the UW-MWC Fitness Center and Gym.

I further understand that the Fitness Center/Gym and its equipment will be available for use at times without supervision or monitoring. I have read the rules and regulations set by the UW-MWC. I understand that by not following the rules posted, I may lose my membership without financial reimbursement.

I hereby state that I am in good health and that I am able to utilize the exercise equipment and Gym available. I do hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Marshfield/Wood County, their officers, agents and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising out of the use of the UW-Marshfield/Wood County Marauder Muscle Fitness Center, physical education/athletic facilities including, but not limited to, the Fitness Center, locker rooms and the gymnasium.

By signing this waiver, I hereby state that I and/or minor fully understand each and every term in the waiver and that I have had sufficient time to review and understand the waiver prior to signing it.

* Minors (under 16) cannot be unsupervised, they must be accompanied by an adult or only participate when facility has a supervisor present.

Member (Parent/ Guardian) Signature _____

Date _____

Fitness Center Supervisor _____

Date _____