



Faculty & Staff Member Agreement

1. MEMBERSHIP PLANS Full membership descriptions are noted in section 6 and on line under Membership

General Membership	\$ 60 per semester
Aquatics Membership	\$ 50 per semester
Senior Membership	\$ 50 per semester
OLLI Membership	\$ 20 per semester

2) MEMBER PROFILE Information must be filled out for record keeping purposes.

First Name: _____ Last Name: _____ D.O.B.: / /

Department: _____ Email: _____ University ID #: _____

Phone: _____ Campus Extension: _____

Postal Address: _____ City: _____ Zip: _____

Classification (select one): Faculty Staff Graduate Assistant Senior OLLI

Membership Plan (select one): General / Aquatics / Senior / OLLI Semester / Year

Emergency Contact :

Name: _____ Phone: _____ Relationship: _____

Kinesiology Personal Training Student Intern (Must sign up by September 22, 2017) :

Would you be interested in receiving a Kinesiology Personal Training Student Intern to work with you during the semester? YES / NO
(You will be assigned a student intern who will work one-on-one with you to help evaluate your fitness goals. Your student intern will also assess your cardiovascular endurance, muscular strength and flexibility through fitness assessment, measure body composition and provide an exercise prescription.)

** All Department updates, schedules, and correspondence is sent via email, so please check our website and/or bulletin board frequently**

3) MEMBERSHIP DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, initialed, understand and hereby agree to the terms and conditions of membership as defined in subsequent pages. I recognize all membership sales are final and no fee reductions and/or credits are given for late enrollment or missed sessions. Additionally, I fully understand the nature of activity in which I am participating and any questions that I have had, have been answered to my satisfaction.

Please make checks payable to the SF State:

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Total Fees Received: \$ _____ Check Number: _____ Online Confirmation #: _____

Office Staff Signature: _____ Date: _____

Completed Waiver: Yes / No Membership sticker #: _____

RECORDED: Office Staff Initials _____

4. CONDITIONS WHICH MAY AFFECT YOUR EXERCISE

Physical Activity Readiness Questionnaire:

Regular physical activity is a fun and healthy way to improve your quality of life. Studies have shown that consistent exercise accompanied with an moderate diet can prevent diseases, improve stamina, enhance flexibility and aid in weight control. If you are planning on becoming more physically active than you are now, start by answering the six questions noted below carefully and honestly.

1.) Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a doctor?	Yes / No
2.) Have you ever felt lightheaded or had chest pains while exercising?	Yes / No
3.) Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes / No
4.) Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes / No
5.) Is your doctor currently prescribing drugs for your blood pressure or heart condition?	Yes / No

If you selected YES to one or more questions, it's important that you see your healthcare professional before you begin. Tell your doctor about this Physical Activity Readiness Questionnaire form and to which questions you answered YES. Talk about the kinds of activities you wish to participate in and follow your doctor's advice.

Initials:

5. WAIVER AND RELEASE AGREEMENT

Waiver and Release Agreement

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue the state of California**, the Trustees of the California State University, California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the activity.

I am voluntarily participating in this activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Initials:

6. MEMBERSHIP PLAN DESCRIPTIONS

Programming begins during the second week of the academic semester. A modified schedule will be implemented for the Summer semesters. General, Aquatic, Senior, and OLLI membership plans run the duration of the academic semester excluding weekends, holidays, campus closure days and University observed breaks. ALL MEMBERSHIP RATES ARE FINAL AND NO FEE REDUCTIONS AND/OR CREDITS ARE GIVEN.

Semester Membership Plans:

Membership within the General, Aquatics, Senior and/or OLLI plans do not include access into Specialized Membership Plans, if offer

General Membership:

This general pass gives you the best value for membership on campus. Whether you would like to swim in the pool or lift weights, this pass does it all. Patrons have access to a variety of group fitness classes ranging from yoga and pilates to aerobics.

Aquatics Pass:

The Aquatics pass gives you access to just the swimming pool. Whether you are swimming laps or taking aqua aerobics, this pass is great for individuals solely interested in the pool.

Senior Membership:

Like the standard membership, the 60+ General Membership gives our senior citizens access to variety of programs at a discounted rate.

OLLI Membership:

Like the standard membership, the OLLI Membership gives our "lifetime learners" access to variety of programs at a discounted rate. This membership is only available for adults currently enrolled in the *Osher Longlife Learning Institute* (OLLI) Program through the College of Extended Learning at SFSU. OLLI information can be found at

<http://www.cel.sfsu.edu/olli>

Kinesiology Personal Training Student Intern:

Our student interns will work one-on-one with you to help evaluate your fitness goals. They will also assess your cardiovascular endurance, muscular strength and flexibility through fitness testing, measure body composition and provide an exercise prescription.

Our student interns are undergraduate Kinesiology students in the KIN 555 Exercise Testing & Prescription class. Our students will receive hands-on experience working with a client as part of their KIN 555 lab experience. They will gain the knowledge to provide fitness assessment, measure body composition and prescribe exercise based on the goals of their individual client. Our student interns will be under direct supervision of a Kinesiology faculty.

Discounts: Any discount coupons received must be presented upon payment to be applied to total fees.

How To Fill Out Membership Agreement

1. Membership Plans: Check the appropriate box for specific Membership Plan and fill in the year for that semester OR
 - I a. Membership Package: Check the appropriate Package deal for purchase. (Only available at the start of Academic year.)
2. Member Profile: Please fill in the required information for record keeping purposes.
3. Membership Declaration & Payment Details: Fill out the total fees paid, specific Membership (General/Aquatics/Senior/OLLI), sign, and date.
4. Conditions: Please read and check the appropriate box for the health-related questions. Initial at bottom right.
5. Waiver and Release Agreement: Read and initial in lower right corner.