

REGAN CENTER MEMBERSHIP APPLICATION

Name _____ SHU ID# _____

Address _____ City/State/Zip _____

Phone _____ Date of Birth _____

Email _____

TERMS OF MEMBERSHIP: Part Time Student Memberships are semester memberships, valid for the current semester only. All other memberships are issued on an annual basis. Family memberships may only include spouses and dependent children under the age of 21. Membership fees are non-refundable and non-transferable. All memberships are contingent on the primary member remaining eligible in their respective category. Membership activation takes between 7 and 10 days to process. Checks payable to Seton Hall University.

MEMBERSHIP CATEGORY: CHECK THE APPROPRIATE BOXES

SHU ALUMNI \$350 **Family Option:** \$200 per family member OR \$800 for entire family \$ _____

F/S/A FAMILY \$200 per family member OR \$450 for entire family \$ _____

F/S/A _____ SHU ID # _____

PART TIME STUDENT \$100/semester **Family Option:** \$100/semester for each additional family member \$ _____

STUDENT _____ SHU ID # _____

OTHER _____ \$ _____

Please List Additional Family Members:

Name _____ ID# _____ Relationship _____ DOB _____

Name _____ ID# _____ Relationship _____ DOB _____

Name _____ ID# _____ Relationship _____ DOB _____

W A I V E R

The undersigned hereby stipulate that they are over eighteen (18) years of age, physically sound and wish to use the Regan Recreation Center facilities. The undersigned hereby agree that all of the activities in which they participate in at the Recreation Center's facility will be undertaken by them at their sole risk and that the University shall not be liable to them or anyone claiming through them for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to their person or property arising out of such activities or arising out of or in connection with their use of the University's facilities. The undersigned hereby expressly and forever release and discharge the University, its officers, servants, agents, students and employees with respect thereto. The undersigned further agree that they will hold harmless and defend the University, its officers, servants, agents, students, or employees from and with respect to any loss, claims, demands, injuries, damages, or liability caused by their negligence while on or using the University's facilities. The undersigned further certify that they have sufficient medical and hospital insurance to cover any medical treatment that may be necessitated by injuries sustained while on University property and recognize that the University has relied on this representation in approving their membership application. If the undersigned have applied for membership on behalf of minor children or dependents, they hereby agreed to the foregoing waivers on behalf of such minors and make the foregoing representations on their behalf. The undersigned agrees to release, discharge and hold the University, its officers, servants, agents, students and employees completely harmless with respect to any claim for injury or damage to any such minor's person or property.

Print Name _____ Signature _____ Date _____

Regan Center Membership - Seton Hall University - South Orange, NJ 07079 / Questions (973) 761-9720

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ TIME: _____

AMOUNT PAID: _____ CASH or CHECK (please make copy) / PICTURE TAKEN? YES NO