

Membership Application

Please Print the following information. Membership is available to spouses of current employees. Spouse needs to have their own application completed and on file with the SRC. For spouse membership please print Name, PSU ID#, Department and Phone number of eligible employee. University employee needs to complete the payroll deduction authorization.

EMPLOYEE NAME: _____ PSU ID: _____
 DEPARTMENT: _____ EMAIL: _____
 SPOUSE NAME: _____ PHONE: _____
 SPOUSE DOB: _____
 CURRENT MAILING ADDRESS: _____ Spouse EMAIL: _____
 CITY: _____ STATE: _____ ZIP: _____

Person with disabilities: For individuals who have a physical disability, you are encouraged to contact the Director of the SRC prior to submitting a membership application to make sure any accommodations that you may need are available.

Membership Categories With Annual Rates

Spouse - Faculty, Staff, OR National Guard 9/1/23 - 8/31/24	\$120
Retired Staff 9/1/23 - 8/31/24	\$70
Spouse Retired Staff 9/1/23 - 8/31/24	\$70

Faculty & Staff Spouse

- Payroll Deduct \$120 Annual (Due September 6th)
 Payroll Deduct \$90 Spring (Due February 7th) (Check this box for Spring payroll deduction)
 Cash/Check After Sept. 9th Membership \$120 (Sept 1-Nov 30) \$90 (Dec 1- Feb 28) \$60 (Mar 1-May 31) \$30 (June 1- Aug 31)

National Guard

- Cash/Check Membership \$120 (Sept 1-Nov 30) \$90 (Dec 1- Feb 28) \$60 (Mar 1-May 31) \$30 (June 1- Aug 31)
 Spouse - Cash/Check Membership \$120 (Sept 1- Nov 30) \$90 (Dec 1- Feb 28) \$60 (Mar 1- May 31) \$30 (June 1-Aug 31)

Retired Staff

- Cash/Check Membership \$70 (Sept 1-Feb 28), \$35 (Mar 1-Aug 31)
 Spouse - Cash/Check Membership \$70 (Sept 1-Feb 28), \$35 (Mar 1-Aug 31)

Payroll Deduction Authorization

Unless I paid the SRC by check or cash, I understand that by signing this application for membership I am authorizing the Pittsburg State University Human Resources Department to deduct from my check from amount checked below. Spouse: This is a month to month agreement and that can be canceled at anytime and receive a refund prorated to begin with the first day of the month following notice of intent to cancel. I have read, signed and understand the Assumption of Risk statement located on the back of this application.

9/1/23 -8/31/24 \$120

1/1/24-8/31/24 \$90

Office use only

Staff Signature: _____

Date Processed: _____

AGREEMENT FOR ASSUMPTION OF RISK, INDEMNIFICATION,
RELEASE, CONSENT FOR EMERGENCY TREATMENT AND
CHANGE IN SPOUSE MEMBERSHIP ACCESS

I, _____ (print name), age _____, desire to participate voluntarily in the use of the Student Recreation Center (SRC) and any other recreational activities at Pittsburg State University (PSU).

I UNDERSTAND THAT I AM BEING ASKED TO READ AND ACKNOWLEDGE EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY.

Assumption of Risk:

I understand that physical activity related to Campus Recreation, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by PSU. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in Campus Recreation activities, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release PSU, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence from PSU, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Consent for Emergency Treatment:

I authorize PSU and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

- Guests must be accompanied by their sponsor.
- Dependants and youth guests under 18 years of age must be accompanied by an adult.
- Membership fee includes access to all facility areas. Programs such as Individual fitness programs, non-credit instruction and outdoor recreation activities may have additional fees. Intramural sports are only available to current students and staff.

Change in Spouse Membership Access:

I understand that the student usage patterns of the SRC could dictate what times I am eligible to use the facility. The purpose of the facility is for the current students to have a facility to recreate in. The Department of Campus Recreation will reserve the right to change the spouse hours of eligibility to ensure that the students are not burdened by adding this additional membership group.

Signature: _____

Date: _____

Signature of Parent or Guardian

If Participant is under 18*: _____

Date: _____

*If your son, daughter or ward will be under 18 while participating in Campus Recreation activities at Pittsburg State University, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.