



Membership Application & Agreement



DATE: _____

Primary Member: *(must be 18 or older)* _____ DOB: _____
Please print clearly *First* *MI* *Last* *Suffix*

Have you ever attended NMCC? Y N Membership ID number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

ADDITIONAL MEMBERSHIP INFO:

Spouse/Partner: _____ Email: _____ DOB: _____

Child: _____ Email: _____ DOB: _____

Child: _____ Email: _____ DOB: _____

Type of Membership: New Renewal

CHECK ONE BELOW

NMCC Full-time Students

No Cost *(Minimum 12 credit hours per semester. Must provide student ID. Expires May 13, 2017.)*

Public (Non-Senior)

- 6 months \$110
- Year \$190
- 6 months - Spouse/Partner \$ 60
- Year - Spouse/Partner \$110
- 6 months - Child \$ 60
- Year - Child \$ 85
- 30-day membership \$ 40
- Day Pass \$ 5

Seniors

- 65-69 6 months \$ 50
- 65-69 Year \$ 75
- 70-74 6 months \$ 50
- 70-74 Year \$ 75
- 75+ 6 months \$ 25
- 75+ Year \$ 50

Payment is due at time of registration. No cash refunds.

ASSUMPTION of RISK and RELEASE from LIABILITY

1. I understand and agree that NMCC strongly recommends a physical examination within the prior 12 months for all individuals beginning an exercise program.
2. I understand from my own inquiry the physical demands and risks associated with use of the Rodney Smith Wellness Center ("Center") and participation in the programs offered, and that such risks include serious injuries, impairment or death. I hereby declare that I may safely participate in the physical activities and programs offered at the Center and I agree to assume all risks related to such activities. I further declare that I will obey the rules governing my use of the Center and participation in its programs and I agree to assume all risks associated with my failure to follow such rules.
3. I also agree to release, discharge and hold harmless the Maine Community College System, NMCC, and their respective agents, employees and officers from any and all liability, demand, costs or damages, including attorneys fees, that I may sustain from my use of the Center and participation in its programs, other than those occasioned wholly or in part by their gross negligence or willful misconduct.
4. I authorize attending medical personnel to administer any emergency medical attention that may be required as a result of my use of the Center and participation in its programs.
5. I declare on behalf of any above-named minor child for whom I am the lawful parent or guardian the same understandings, assertions, promises and authorizations I have made above for myself.

Photograph Consent and Release

I **do** ___ **do not** ___ consent to the use by NMCC and the MCCA of a photograph(s) or video of me in any publication, website, advertisement, report or other material promoting the College or the System. I hereby waive any and all rights to inspect or approve such photograph(s), and I release the College, the System, and the photographer from any and all claims arising from use of the photograph(s).

Please sign below only if you have read, understand and agree to all of the above terms and conditions.

X _____ Date: _____
 Primary Member/Parent/Legal Guardian if Member is under 18 years of age.

X _____ Date: _____
 Spouse/Partner

FOR STAFF USE ONLY

METHOD OF PAYMENT:

Payments can be made in NMCC's College Store

- Cash
- Check *(Please make check payable to NMCC)*
- MasterCard
- Visa
- Discover

Staff Initials _____