

# MEMBERSHIP APPLICATION

— AND AGREEMENT



## PERSONAL INFORMATION

**Primary Member** (must be 18 or older):

Name:  Date of Birth:

Previously attended NMCC? ☐ Y ☐ N  (If yes, under what name?)

Mailing Address:  City:

State:  Zip:  Phone:  Email:

Emergency Contact:  Phone:

**Additional Members** (must be 16 years or older):

Name:  Date of Birth:

Relationship to You:

Phone:  Email:

## TYPES OF MEMBERSHIP

☐ New ☐ Renewal ☐ Current NMCC Student  
(no cost)

### >> COMMUNITY MEMBERS

<input type="checkbox"/> 1 Year	\$190
<input type="checkbox"/> 1 Year   with Spouse/Partner	\$110 (Additional)
<input type="checkbox"/> 6 Months	\$110
<input type="checkbox"/> 6 Months   with Spouse/Partner	\$60 (Additional)
<input type="checkbox"/> 3 Months	\$55
<input type="checkbox"/> 30 Days	\$40
<input type="checkbox"/> Day Pass	\$5

### >> SENIOR MEMBERS

<input type="checkbox"/> (65-74) 1 Year	\$75
<input type="checkbox"/> (65-74) 6 Months	\$50
<input type="checkbox"/> (75+) 1 Year	\$50
<input type="checkbox"/> (75+) 6 Months	\$25

## STAFF USE ONLY

Date:

**Payments can be made in the NMCC Business Office.**

### >> METHOD OF PAYMENT

☐ Cash  
☐ Check (Payable to NMCC)  
☐ Mastercard  
☐ Visa  
☐ Discover

**Payments is due at registration and is non-refundable**

### More Information:

33 Edgemont Dr., Presque Isle, ME 04769  
(207) 768-1130 | lhalvorson@maineccc.edu  
[www.nmcc.edu/about-nmcc/campus/smith-wellness-center](http://www.nmcc.edu/about-nmcc/campus/smith-wellness-center)

*Please read and sign the Assumption of Risk and Release from Liability information on the back page.*

THANK YOU FOR YOUR INFORMATION

## ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

- 1 I understand and agree that NMCC strongly recommends a physical examination 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 the 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 covering the 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 attorney's 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 understanding, 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 MCCS of a photograph(s) or video of me in any publication, website, advertisement, report, or other material promoting the College of 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 the use of the photograph(s).

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

**Primary Member Signature:**

**Date:**

**Spouse/Partner Member Signature** *(Must be 18 years of age to sign):*

**Date:**