

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@mainecc.edu
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: