



MEMBERSHIP APPLICATION

- Membership is open to all students, residents, faculty, staff, families of the Texas Medical Center + UT-System Alumni.
- Texas Medical Center Institution ID required at initial purchase + every subsequent purchase/renewal.
- Eligible Sponsor must be present with family or guests for initial purchase + every subsequent purchase/renewal.
- Proof of UT-System Alumni is required at time of initial purchase only.
- Payment is by *cash or check* only. No debit/credit cards are accepted.
- NOTE: \$25 NSF Fee on all Returned Checks.

INDIVIDUAL MEMBERSHIP		SEX	_____ MALE	_____ FEMALE
FIRST NAME		LAST NAME		
GUEST/FAMILY OF (NAME OF ELIGIBLE SPONSOR) if applicable:		TMC INSTITUTION		
E-MAIL ADDRESS		BIRTHDATE		
PRIMARY PHONE # CELL/HOME/WORK?		SECONDARY PHONE # CELL/HOME/WORK?		
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE #		

RANK THE TOP 3 AREAS OF THE FACILITY YOU PLAN TO USE THE MOST, 1 BEING THE MOST USED.

__ WEIGHT ROOM	__ CARDIO EQUIPMENT	__ RACQUETBALL COURT	__ OUTDOOR BASKETBALL COURTS	__ PROGRAMS
__ GROUP FITNESS STUDIO	__ SWIMMING POOL	__ LEISURE GAMES	__ OUTDOOR TENNIS COURTS	__ OTHER _____

HOW DID YOU HEAR ABOUT THE RECREATION CENTER?

__ FRIEND/FAMILY	__ CO-WORKER	__ WEBSITE	__ FLYER/SIGN	__ CURRENT/FORMER MEMBER	__ TMC NEWS	__ OTHER
__ COUPON/PROMOTION OR ORIENTATION/FAIR, SPECIFY:						
__ REFERRED BY MEMBER, SPECIFY NAME:						

WAIVER OF RESPONSIBILITY + ASSUMPTION OF RISK

As a member/guest of The University of Texas Health Science Center at Houston (UTHealth) Recreation Center, I recognize that participation in athletic/fitness-related activities includes the possibility of injury. By my signature on this application form, I certify that my participation in any athletic/fitness-related activity is completely voluntary and that I knowingly assume all risk and I waive, on behalf of myself and my heirs to the extent allowable under law, any claims or damages against The University of Texas System, UTHealth, their respective employees, agents, officers, Regents or representatives for, any injury or illness that may directly or indirectly result from my participation at the UTHealth Recreation Center. I understand that all members/guests of the UTHealth Recreation Center are encouraged to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class or other athletic/fitness-related activity. I understand that all such activity, including the use of weights and use of any and all machinery, equipment or apparatus designed for exercising shall be at the user's sole risk. I acknowledge that I have had an opportunity to review the UTHealth Recreation Center rules and regulations, and I agree to abide thereby. I understand that such rules and regulations may be subject to change without notice.

MEMBER/GUEST'S SIGNATURE	DATE
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FRONT DESK USE ONLY

RC#	STAFF INITIALS	DATE
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IF SPOUSE/PARTNER OR CHILDREN ARE JOINING, COMPLETE BACKSIDE OF APPLICATION →

SPOUSE/PARTNER		SEX	_____ MALE	_____ FEMALE
FIRST NAME		LAST NAME		
E-MAIL ADDRESS		BIRTHDATE		
PRIMARY PHONE # CELL/HOME/WORK?		SECONDARY PHONE # CELL/HOME/WORK?		
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE #		

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__ GROUP FITNESS STUDIO	__ SWIMMING POOL	__ LEISURE GAMES	__ OUTDOOR TENNIS COURTS	__ OTHER _____

INITIAL BELOW TO ACKNOWLEDGE UNDERSTANDING + ACCEPTANCE FOR EACH OF THE LISTED POLICIES:

- _____ FAMILY MEMBERSHIPS include eligible individual, spouse/partner + children from age 6—20.
- _____ Once turning 21, individual must apply for own membership, if meeting the eligibility requirements.
- _____ Children under 16 must be accompanied + supervised by a parent or guardian at all times while in the facility.
- _____ **Children under 16 are only allowed to use the leisure games, athletic courts + seasonally, the swimming pool.**
- _____ No one under 16 is allowed in the swimming pool or pool deck at any time when pool blankets are installed.
- _____ If applicant is less than 18 years of age, a parent or legal guardian must co-sign Membership Agreement.

CHILDREN

FIRST NAME	LAST NAME	M OR F	AGE	BIRTHDATE
FIRST NAME	LAST NAME	M OR F	AGE	BIRTHDATE
FIRST NAME	LAST NAME	M OR F	AGE	BIRTHDATE

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SPOUSE/PARTNER'S SIGNATURE	DATE
CHILD OR PARENT/GUARDIAN'S SIGNATURE OF MINOR(S)	DATE