



# Campus Recreation Center

ROGER WILLIAMS UNIVERSITY

Today's Date: \_\_\_\_\_

## ALUMNI MEMBERSHIP APPLICATION

**\*\*\*Please complete all sections of application\*\*\***

No one under the age of 16 allowed in fitness center area. All memberships are non-refundable after 72 hours of purchase date

### Membership Type:

Unlimited Use Single Membership:  Full Year \$200.00

Unlimited Use Family Membership:  Full Year \$400.00

Payment Method:  Cash  Check

Applicant Name: \_\_\_\_\_  
Last First MI

Birth Date: \_\_\_\_\_

Driver License # \_\_\_\_\_

Gender:  Male  Female

Year of Graduation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_  
Last First MI

Gender:  Male  Female

Driver License # \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Dependent Children** Parents must supervise children under the age of 12 in the same activity area.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

My signature below, on my own behalf and that of any minor children I sign up for membership, attests to my full understanding and voluntary agreement to the following condition precedent to my membership. I agree, on my own behalf and on behalf of any minors who are members by virtue of their relationship to me, that I/we use the Center, its facilities and equipment at my/our own risk. This means that I will neither bring or support any claim against Roger Williams University or any of its employees, officers agents, representatives or trustees (UNIVERSITY) for harm to person or property, arising out of my/their use of the Center, its facilities and/or equipment. This release and hold harmless agreement does not apply to acts of gross negligence or intentional wrongs of the UNIVERSITY.

Receipt of a donation must accompany application

Member Signature: \_\_\_\_\_

Spouse Signature (if applicable): \_\_\_\_\_

Child Signature (if 18 or older): \_\_\_\_\_

Child Signature (if 18 or older): \_\_\_\_\_

Please return completed application to:

Mark J. Andreozzi  
Roger Williams University  
Campus Recreation Center  
One Old Ferry Road  
Bristol. RI 02809-2921