



Recreational Services

ROGER WILLIAMS UNIVERSITY

Today's Date: _____

MEMBERSHIP APPLICATION For Community Morning Lap Swim

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

This membership is for use of the pool during Community Lap swim hours, specifically, Monday Wednesday and Friday mornings be from 6am-8am AND/OR Monday –Friday from 11-12:30pm for an additional membership fee. Days and times are subject to change once our varsity swim team starts in October, you will be notified prior to any changes. This membership is specific to the pool and does not grant access to any other part of the building. It is also time and day specific and therefore does not give free range to use the pool during all of its open hours. Along with the membership application a risk & liability waiver must be filled out in order to gain membership.

- Membership Type: Fall Semester- September 1st- December 31st \$75 (6-8am times only)
- Fall Semester – September 1st- December 31st \$125 (3 mornings 6-8am AND Mon-Fri 11-12:30pm)
- Spring Semester- January 1st- May 31st \$75 (6-8am times only)
- Spring Semester – January 1st- May 31st \$125 (3 mornings 6-8am AND Mon- Fri 11-12:30pm)
- Summer Semester- June 1st- August 31st \$50 (6-8am times only)
- Summer Semester – June 1st- August 31st \$100 (3 mornings 6-8am AND Mon -Fri 11-12:30pm)

Payment Method: Cash Check

Applicant Name: _____
Last First MI

Gender: Male Female

Birth Date: ____/____/____

Local Address: _____

City/State/Zip: _____

Home Phone: _____

Cell phone: _____

E-mail Address: _____

License #: _____

Please return completed application to:
Roger Williams University
Campus Recreation Center
One Old Ferry Road
Bristol, RI 02809-2921
Attention: Michelle Kellerman
Aquatics Coordinator

In consideration of being permitted to use recreational facilities, I hereby forever release and covenant not-to-sue Roger Williams University (“University”), its trustees, employees, instructors, volunteers, agents, and all others who are involved, from any and all present and future claims resulting from negligence or otherwise on the part of the University or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in pool activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims both present and future, resulting from negligence or otherwise, that may be made by me, my family, estate, heirs, estate or assigns, and I relinquish on behalf of myself, spouse, heirs and assigns the right to recover for injury or death.

I am aware that swimming and other pool activities are vigorous and may involve severe cardiovascular stress. I understand that swimming and other pool activities involve certain risks, including but not limited to death. In addition, I understand that participation in pool use involves activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants. All stresses and hazards associated with this activity cannot be foreseen. I will voluntarily use pool facilities with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.

I have a personal responsibility to follow any safety or other rules and procedures established by the University and that are associated normally with swimming and other pool use activities and I understand that failure to act in accordance with such rules and procedures may result in me being barred from further use of the pool. I further agree to indemnify and hold harmless the University and others listed for any and all claims arising as a result of my participation in pool activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that the University may cancel the “Community Swim Program” at any time in its sole discretion.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Rhode Island, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Rhode Island.

If I am at least 18 years of age, I affirm that I am signing this Agreement solely and freely. For persons under the age of 18, the parent or guardian who signs below also commits to the participant conditions of this Agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies, which may be available to me for the negligence or other acts or omissions of the University or any of the parties listed above. I understand that this Agreement is a binding legal document.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING:

Participant Name & Signature: _____ Date: ___/___/___

For children under 18, print name(s) and date(s) of birth: _____

