LERNER HEALTH AND WELLNESS CENTER
Membership Form/ Release of Liability

SECTION I: FACULTY / STAFF INFORMATION (please print)

LAST NAME ________________________ FIRST NAME ________________________ MI ________

DEPARTMENT ___________________________ EMAIL ______________________________________

WORK ADDRESS ________________________________ City/State/Zip ___________________________

GENDER: M___ F___ HOME PHONE__________________ WORK PHONE_____________________

Effective Date: _____________________

SECTION II: ANNUAL MEMBERSHIP FEES (6 month membership required)

☐ FACULTY/ STAFF INDIVIDUAL MEMBERSHIP $303/YEAR (Current employees only)
☐ HOSPITAL EMPLOYEE INDIVIDUAL MEMBERSHIP $303/YEAR (Current employees only)
☐ PRESIDENT'S CLUB MEMBERSHIP $700/YEAR + $1,000* INITIATION FEE (Current employees only)
*The initiation fee is an upfront one-time payment and is not subject to payroll deduction

SECTION III: PAYMENT OPTIONS

☐ Personal Check (Full Amount)
☐ Payroll deduction (Monthly/Biweekly) **
☐ Visa/Mastercard
**Only those employees paid by The George Washington University or Hospital (UHS) are eligible for payroll deduction

Credit Card Number: ____Expiration Date: ___________________

Card Holder Name: _________________________ Signature: _____________________

Billing address: ______________________________________

I authorize The George Washington University payroll office or the George Washington University Hospital (UHS) to utilize payroll deduction for my payment of the annual fee.

SIGNATURE ________________________________ GWId # ___________________________

SECTION IV: RELEASE OF LIABILITY (required for all members)

I recognize that participation in recreational activities, even when well supervised and managed, poses risk to myself, and I agree to assume such risk. In case of injury, I authorize the staff at the Lerner Health and Wellness Center to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I, the undersigned, hereby hold The George Washington University harmless from liability for any medical and/or accident expenses that I may incur while participation in recreational activities at the Lerner Health and Wellness Center.

I have read and understand and agree to the terms and conditions of this release:

FACULTY/STAFF SIGNATURE___________________________________ DATE____________________

Contact person in case of emergency:
NAME_____________________RELATION_________________PHONE (____)_____________________

Please list any medical conditions on the back of this page that the Health & Wellness Center staff and emergency medical services personnel need to be made aware of:

Staff Use Only
Pay Period Start: Additional Deduction: