

**CONTACT INFORMATION**

Please print all information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AFFILIATION (circle one):**

State Employee    Non-Assessed Student    Alumni    KU Retiree    UKP    St. Luke's    University of KS Hospital  
 KU/KUMC Student    Sponsored Member    Medical Referral    KU Volunteer    KU contract employee

**30/30 PROGRAM OUTLINE**

The 30/\$30 package is an exclusive introductory offer to new members of the Kirmayer Fitness Center. The package includes access to Kirmayer, **unlimited** GT45 sessions, **unlimited** group fitness classes, and a consultation with a certified personal trainer. The package is normally sold for \$99 per month but is being offered at \$30 for the first month to our new members. The unlimited use is restricted to when Kirmayer is open. Kirmayer is closed during state holidays and may be closed due to unforeseen circumstances. We will not extend or refund memberships due to closures. Posting for holiday and other closures may be found on our website; advance notice of closures will also be posted throughout the facility.

Amenities included with your membership:

- Use of entire facility during working hours including locker rooms
- Complimentary towel service
- Introductory orientation and facilities tour
- Unlimited use of pool
- Certified personal trainer supervision on site
- Complimentary equipment usage
- Unlimited Group Fitness classes: Choose any time, any day, and any format!
- Unlimited GT45 sessions: Semi-private personal training, limited to 12 people per session. 45-minute TOTAL BODY WORKOUTS! Drop-in or sign up online.

**MEMBER WAIVER**

\*Signature required

I wish to participate in physical activities and/or exercises within the Kirmayer Fitness Center. I understand I do so at my own risk. In exchange for being permitted to participate in physical activities and/or exercises within Kirmayer, I hereby release and waive KU Medical Center, The University of Kansas, The State of Kansas, The Kansas Board of Regents, Kirmayer Fitness Center, any corporations or entities affiliated with the foregoing, and all employees, officers, agents, representatives and volunteers of the foregoing (the "Released Parties") from liability of any kind, of or to me or any other person, directly arising out of or in connection with my participation in or attendance in Kirmayer Fitness Center. I agree I will participate in emergency management drills and follow posted protocols and staff instructions in the event of an emergency.

I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injury sustained by me or others in connection with my attendance at Kirmayer Fitness Center. This means I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I may suffer.

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship of Emergency Contact to Member: \_\_\_\_\_

**KIRMAYER FITNESS CENTER MEMBER AGREEMENT**

- I understand my membership to Kirmayer Fitness Center is non-refundable and non-transferable.
  - Cancellation for membership may be granted ONLY for one of the following:
    - Medical emergencies that inhibit the member from utilizing Kirmayer (Physician documentation must be provided).
    - Relocation - (documentation must be provided). Cancellation is subject to Kirmayer approval.
- I agree to abide by the rules, regulations and policies of Kirmayer Fitness Center.
- I understand I must present my membership card/keytag in order to access the facility; failure to present my ID or membership card may result in my not being allowed to use any or all parts of the facility.
  - I am aware of the "THREE STRIKE RULE" in regards to forgetting my membership card/ID:
    - **After 3 check-ins without an ID I will not be permitted access to Kirmayer until I return with my ID.**
- I know Kirmayer or parts of Kirmayer Fitness Center may be, occasionally, closed to members due to maintenance or scheduled events. I further understand no portion of my membership will be refunded in the event of the aforementioned.
- **I understand there are NO refunds for non-usage of Kirmayer Fitness Center.**
- I know exercising can be strenuous and potentially hazardous to my health. I know I should not undertake such activity unless I am medically able and properly trained. I also know the ultimate responsibility for my health rests with me, I assume these risks.
- In consideration of being allowed to use Kirmayer Fitness Center, I hereby for myself, my heirs, executors, administrators and all others who claim on my behalf waive and release the University of Kansas, the State of Kansas, and their employees from any and all liability arising from my usage of Kirmayer Fitness Center. I have read all of the foregoing and agree to all the terms and conditions therein stated.

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

| Sponsoring Member |            |                             |
|-------------------|------------|-----------------------------|
| Name              | Membership | Sponsoring Member Signature |
|                   |            |                             |
|                   |            |                             |

- I agree to sponsor the above named applicant(s) as a member of Kirmayer Fitness Center.
- Should my membership end for any reason, this/these membership(s) will not be eligible for renewal unless another sponsor is found.
- No refunds will be made to the applicant or sponsor should this membership be terminated.
- I understand that I may only sponsor 2 applicants per calendar year.

Sponsoring Member Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sponsoring Member (print): \_\_\_\_\_

**KIRMAYER FRONT DESK ASSOCIATE ONLY:**

Date of Membership Expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount of Payment: \$ \_\_\_\_\_  
 Receipt # of Payment: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 Method of Payment (circle one):    Cash      Credit Card      Check-Check # \_\_\_\_\_      Money Order