

CONTACT INFORMATION

Please Print All Information

Name (Printed): _____ DOB: _____ Last 4 Digits SS# _____

Today's Date: _____ Email Address: _____ Phone: _____

AFFILIATION (circle one):

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

MEMBERSHIP CLASS (check membership, circle duration/payment)

<input type="radio"/> New Member 7 Day Trial (one time only)	\$0
<input type="radio"/> Basic Membership (KU/KUMC Affiliate)	\$39.00/month
<input type="radio"/> Sponsored Member	\$49.00/month
<input type="radio"/> Medical Referral Membership (referral from physician)	\$49.00/month
<input type="radio"/> Payroll Deduction (60 day cancellation)	\$0 down
<input type="radio"/> Non-Assessed Student (current sem. schedule)	\$20.00/month
<input type="radio"/> KU Hospital In-Patient Family Guest Pass	\$0 (Skip to member waiver)
<input type="radio"/> Family Membership (up to 3 additional members)	\$99.00/month
<input type="radio"/> KU Affiliated 6-pack membership	\$54.00/6-pack
<input type="radio"/> Exercise is Medicine 8 Week Program	\$99.00

Duration: _____ # Mth(s) Payroll Deduction (60-day cancellation) Auto pay (30-day cancellation) _____ Initial

MEMBERSHIP ADD-ON (check package, circle duration/payment)

Subscription	Price/Month
Unlimited Group Fitness	\$15.00 (Non-assessed students); \$20.00 (Non-students)
Unlimited GT45	\$25.00 (Students); \$45.00 (Non-students)
Unlimited GT45 – non-member	\$75.00
Unlimited Group Fitness and GT45	\$60.00
Locker Rental	\$10/month \$120/year PIF

Add-On Duration: _____ # Mth(s) Autopay (30-day cancellation) _____ Initial

SPONSORING MEMBER/FAMILY MEMBER INFORMATION (max. 2 sponsored OR 3 family members AT SAME ADDRESS)

Name	Membership	Email

- 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 I may only sponsor 2 applicants per calendar year.

Sponsoring Member Signature: _____ Date: ____/____/____

Emergency Contact: _____ **Phone:** _____

Emergency Relationship to Member: _____

MEMBER WAIVER

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: _____

MEMBERSHIP TERMS AND AGREEMENT

- I understand that my membership to Kirmayer Fitness Center is non-refundable and non-transferable.
- Cancellation for membership may be granted ONLY for one of the following reasons:
 - 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.
- **Payroll deduction cancellation requires a 60 day written (email) notice to kirmayer@kumc.edu.**
- **Credit card auto draft requires a 30 day written (email) notice to kirmayer@kumc.edu.**
- I agree to abide by the rules, regulations and policies of Kirmayer Fitness Center.
- I understand that I must present my membership card/keytag in order to access the facility. I know that all or parts of Kirmayer Fitness Center may be occasionally closed to members due to maintenance or scheduled events. I further understand that no portion of my membership will be refunded in the event of the aforementioned.
- I am aware of the "three strike rule" – after I forget my ID/membership card/keytag three times, I will not be permitted access to Kirmayer until I return with my ID/membership card/keytag.
- I understand that there are no refunds for non-usage of Kirmayer Fitness Center.
- This membership permits me access and usage of facilities in Kirmayer Fitness Center, but does not grant me access to specific fee based programs, such as group fitness, GT45, personal training and nutritional consult. The use of facilities is limited 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 activity fees 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
- I know that 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 that 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 and agents 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: _____

KIRMAYER FRONT DESK ASSOCIATE USE ONLY:

Expiration Date: ____ / ____ / ____ Amount of Payment: \$ _____ Staff Initials: _____ Receipt # of Payment: _____

Method of Payment (circle one): Cash Credit Card Check/Check # _____ Payroll Deduction Money Order