

Cage Center Membership Contract

MEMBERSHIP INFORMATION

Please print legibly. Please fill out form in its entirety.

Name: _____ Male Year of Graduation: _____
 Female Year of Retirement: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

MEMBERSHIP RULES AND REGULATIONS

1. Members may use the Cage Center during operating hours but availability is subject to change.
2. Members are not allowed to bring guests.
3. Members are required to show their Cage Center ID card each time they enter the facility.
4. Members who allow other persons to use their membership card will have their membership privileges revoked.
5. Members must abide by all membership and facility rules and regulations.
6. Memberships are not refundable or transferable. Lost ID cards may be replaced with this receipt and \$15.
7. Members must have a Berry ID card made at the Campus Safety Office within one week of purchase.
8. Members **must** be at least 18 years old.
9. Retirees will receive their first year of membership at no charge.

LIABILITY WAIVER

In consideration of Berry College Inc.'s granting me the privilege of participating in activities in the Cage Center fitness facility (cardio area & weight area), pool, racquetball courts, or running track, I hereby covenant not to sue and agree to release, discharge, hold harmless, and indemnify Berry College, Inc., its trustees, officers, affiliates, and assigns (collectively "Berry") from and against any and all liability, claims, damages, actions of causes of action whatsoever, for omissions constituting negligence of Berry's part, except for willful or wanton negligence or misconduct. I acknowledge that I have been advised of potential dangers inherent in the program and that I am personally responsible for and voluntarily assume the risks of injury or damage to person or property, except as limited above.

By signing below I have read and understand the membership rules and regulations and as well as the liability waiver.

MEMBER SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

Community: (renewals only)	<input type="checkbox"/> Month (\$50)	<input type="checkbox"/> Year (\$600)
Senior (Age 55+):	<input type="checkbox"/> Month (\$35)	<input type="checkbox"/> Year (\$420)
Alumni: class of _____	<input type="checkbox"/> Month (\$35)	<input type="checkbox"/> Year (\$420)
Alumni Spouse: class/spouse of: _____	<input type="checkbox"/> Month (\$15)	<input type="checkbox"/> Year (\$180)
WinShape Spouse of: _____	<input type="checkbox"/> Month (\$35)	<input type="checkbox"/> Year (\$420)
Retiree:	<input type="checkbox"/> Month (\$25)	<input type="checkbox"/> Year (\$300)
Retiree Spouse of: _____	<input type="checkbox"/> Month (\$12.50)	<input type="checkbox"/> Month (\$150)

Supervisor: _____ Cash Check #: _____ Receipt #: _____ Amount: \$ _____

Membership # _____ Membership List Updated

Expiration Date _____ Campus Safety Business Office