



UNIVERSITY of HAWAII*
MAUI COLLEGE

University of Hawaii Maui College
 Wellness Center Application
 Spring 2013 (January 07, 2013 – May 1, 2013)

Applicant Information: (Please type or print clearly)

Applicants Name (Last, First MI): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: Male Female

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

I am a:

_____ UHMC Student \$35.00 – must show proof current enrollment

_____ Faculty/Staff \$ 55.00

_____ Senior Citizen age 55+ \$ 55.00

_____ Non-Student/ Public (70.00)

List Any Medical Conditions:

Always consult with your physician before beginning any exercise program.



UNIVERSITY of HAWAII®
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Doctor's Name and Contact Number:

Memberships Fee payment will by Cash or Check only:

a. If payment is made by check:

1. A \$25.00 returned check fee will be assessed for all checks returned by the bank.
2. If a member's check is returned, the member will be suspended from participating in Wellness Center activities until the membership fee and \$25.00 returned check fee is recovered in full. Payment must be made within two weeks of the returned check.

No refunds will be issued

I hereby certify and sign I have read the application and that the above information is true and accurate:

Signature

Date



UNIVERSITY of HAWAII*
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University of Hawaii Maui College Wellness Center Release of Liability Waiver

PARTICIPATION IN ANY ACTIVITY WITHIN THE WELLNESS CENTER/MULTI-PURPOSE ROOM IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS/HER OWN RISK.

I, _____, the undersigned, assume full responsibility for death, injuries and/or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge the University of Hawaii Maui College, the Board of Trustees, University of Hawaii Maui College employees, volunteers, representatives and the Wellness Center/Multi-Purpose Room from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of the facility and equipment thereof.

I, the undersigned, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse the college for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the College and the Wellness Center/Multi-Purpose Room staff are not responsible for any loss or stolen personal belongings.

I, the undersigned, understand that certain activities have minimum age requirements and will adhere to those requirements set forth.

I, the undersigned, desire to voluntarily engage in an exercise program at the University of Hawaii Maui College Wellness Center/Multi-Purpose Room to improve physical and mental fitness. I understand medical clearance is recommended before beginning an exercise program. Consultation with my physician to gain clearance to begin a fitness program is my responsibility, both for myself and for my sponsored Dependents is highly recommended.

I, the undersigned, have read this form and understand it and the nature of the exercise programs. I understand that by signing this form I am giving up certain legal rights. My questions have been answered to my satisfaction.

I, the undersigned, certify that the information I have given in my application for membership is complete and accurate. I agree that in the event of an emergency where I cannot be reached, emergency medical treatment may be provided to my sponsored Dependent.

By my signature below, I agree to the provisions of this Release of Liability Waiver for myself, for my sponsored Dependents, and for my heirs and assigns, intending to be legally bound.

Applicant's Signature: _____ **Date:** _____

University of Hawaii Maui College Marketing & Public Information Photo Release

I hereby authorize University of Hawaii Maui College to use photographs taken of me for purposes of Marketing, Public Relations, Promotion and Recruitment in both print publication and/or use on the College's web site.

Signature: _____ Date: _____

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