

# St. Mary's College of Maryland Athletic and Recreation Center (ARC) Faculty/Staff/HSMC/Alumni/Retiree Membership Application

Yearly Membership - From Date of Application  
Summer Membership - May 31<sup>st</sup> – August 12<sup>th</sup>

*ARC Memberships can be purchased in the Business Office located in Glendening Hall , Monday – Friday, 9:00am-4:00pm. Payment is by cash or check. **Please make checks payable to: SMCM.***

**Faculty/Staff/Alum:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Male**\_\_\_ **Female** \_\_\_  
*Please Print*

**Address:** \_\_\_\_\_ **Age if under 18:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (day):** \_\_\_\_\_ **Phone (evening):** \_\_\_\_\_

**PARKING**

The Business Office will issue ARC Members a temporary parking pass for use with the vehicle listed below. This pass is valid only when using the ARC and must be displayed on the rear-view mirror. Parking is limited to Lot Z (West Field).

**Vehicle Tag #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Decal Issued** \_\_\_\_\_

**ARC MEMBERSHIP**

The ARC Membership is valid for 1 year from the date of application. ARC members (18 and older) will have full privileges and access to all facilities within the athletics and recreation complex including but not limited to: aquatics center, fitness areas, climbing wall, and recreational courts. Children under the age of 18 will have use of the pool and must be accompanied at all times by a parent or guardian. ARC members and all adult household members must sign the attached waiver form; a parent or legal guardian must sign the waiver form for children household members. Memberships are non-refundable and do not convey. A \$25.00 fee is charged for replacement of lost or damaged ARC membership cards. ARC members must update this application no less than annually as well as at the time of any changes to the information requested herein.

**Please note that the ARC may not be available at all times for public use. Please contact (240)-895-2136 for hours of operation.**

**Office Use:**

<b>Amt:</b>	<b>Date/Initials:</b>	<b>Proxy #</b>	<b>ID #</b>
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*(over)*

# Household Membership Application

*(Household members include spouse, dependent children (, living in the employee's household and who qualify to be claimed as a dependent exemption on the employee's federal and state income tax return).*

**Household Member's Name:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
*Please Print*

**Address:** \_\_\_\_\_ **Age if under 18** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (day):** \_\_\_\_\_ **Phone (evening):** \_\_\_\_\_

Please complete if parking permit is required for above member

**Vehicle Tag #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Decal Issued** \_\_\_\_\_

Office Use: Proxy # \_\_\_\_\_ ID # \_\_\_\_\_

**Household Member's Name:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
*Please Print*

**Address:** \_\_\_\_\_ **Age if under 18** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (day):** \_\_\_\_\_ **Phone (evening):** \_\_\_\_\_

Please complete if parking permit is required for above member

**Vehicle Tag #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Decal Issued** \_\_\_\_\_

Office Use: Proxy # \_\_\_\_\_ ID # \_\_\_\_\_

**Household Member's Name:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
*Please Print*

**Address:** \_\_\_\_\_ **Age if under 18** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (day):** \_\_\_\_\_ **Phone (evening):** \_\_\_\_\_

Please complete if parking permit is required for above member

**Vehicle Tag #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Decal Issued** \_\_\_\_\_

Office Use: Proxy # \_\_\_\_\_ ID # \_\_\_\_\_

**Household Member's Name:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
*Please Print*

**Address:** \_\_\_\_\_ **Age if under 18** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (day):** \_\_\_\_\_ **Phone (evening):** \_\_\_\_\_

Please complete if parking permit is required for above member

**Vehicle Tag #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Decal Issued** \_\_\_\_\_

Office Use: Proxy # \_\_\_\_\_ ID # \_\_\_\_\_

*(Please complete another form for additional members if needed)*

Assumption of Risk and Release of St. Mary's College of Maryland

I, \_\_\_\_\_ [full legal name], desire to use the St. Mary's College of Maryland Athletics and Recreation Center (ARC) and its equipment and facilities, which include the climbing wall, aquatics center, and fitness center. I understand that use of ARC equipment and facilities may involve certain risks, including serious personal injury and possibly death. I state that I am voluntarily participating in activities at the ARC and have sufficient understanding, knowledge, and physical and mental ability to participate in activities at the ARC. I agree to use its equipment and facilities in a safe and responsible manner at all times and to obey all ARC rules and procedures.

For myself and my heirs and assigns, I agree to release and hold harmless the State of Maryland, St. Mary's College of Maryland and their employees, agents, officers, and trustees (collectively "St. Mary's College") from any and all claims, costs, causes of action, demands, expenses, and liability arising out of or related to my use of the ARC and its facilities and equipment, including but not limited to any and all claims of injuries to me or my property.

I agree to reimburse St. Mary's College for the full cost of repairing and, if necessary, replacing ARC facilities and equipment that I cause to be damaged through my use of ARC facilities and equipment. I agree that I am also responsible for any damage caused by my guests to ARC facilities and equipment.

I further understand that I am responsible for determining whether I have any physical or mental conditions which would tend to jeopardize my safety or welfare or the safety or welfare of others through the use of the ARC and its facilities and equipment. By my signature below, I represent that I have no such physical or mental conditions. This Assumption of Risk and Release, once signed, is effective immediately and remains in effect until I revoke it in writing. If I am under 18 years of age, I must have this Assumption of Risk and Release signed by my parent or legal guardian for and on my behalf before I am permitted to use the ARC and its facilities and equipment.

In Witness Whereof, I affirm that I am 18 years old or older and I voluntarily have caused this Release and Assumption of Risk to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

_____	_____	_____	_____
Witness	Date	Signature	Date
		_____	
		Printed Name	
		_____	
		Print Full Address and Phone Number	
		_____	
		_____	

In Witness Whereof, I affirm that I am the parent or legal guardian of \_\_\_\_\_ [insert name], the person identified above and, for and on behalf of the person identified above, I have voluntarily caused this Release and Assumption of Risk to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

_____	_____
Parent/Guardian Signature	Parent/Guardian Printed Name
	_____
	Print Full Address and Phone Number
	_____
	_____

\_\_\_ **Yes**, please email me updates on ARC hours of operation and services \_\_\_\_\_

**Email address**