

St. Mary's College of Maryland Athletic and Recreation Center (ARC) Membership Application

Yearly Membership - From Date of Application

*Please complete this form and return to: St. Mary's College of Maryland, Attn: Business Office, 18952 E. Fisher Road, St. Mary's City, MD 20686-3001. **Make checks payable to: SMCM.** We do not accept credit cards. ARC Membership cards will be issued in the Business Office located in Glendening Hall, Monday – Friday, 8:00am-5:00pm.*

Please select membership category	Yearly Member	Summer Only
Alumni Individual	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Alumni Household	\$300.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>
Emeritus Faculty Individual	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Emeritus Faculty Household	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Staff Retiree Individual	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
Staff Retiree Household	no charge <input type="checkbox"/>	no charge <input type="checkbox"/>
General Public Individual (18 or older)	\$400.00 <input type="checkbox"/>	\$200.00 <input type="checkbox"/>
General Public Household	\$700.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>

(General Public Household membership includes up to 4 family members. \$100 for each additional member over 4)

Use reverse side for household members

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 household members under the age of 18 must be accompanied by a parent or guardian at all times in the ARC and are restricted from using the fitness areas. 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. ARC members must sign the attached waiver form. Memberships are non-refundable and do not convey. A \$25.00 fee is charged for replacement of lost or damaged ARC Membership cards.

By initialing and signing below, the individual(s) agree to the terms and conditions of the ARC Memberships outlined above

Initials _____ **Signature** _____ **Date** _____

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:

Amt:	Date/Initials:	Proxy #	ID #
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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 to St. Mary's College of Maryland

I understand that participation in any activities, such as use of the climbing wall, swimming pool, and fitness center, in the St. Mary's College of Maryland Athletics and Recreation Center involves certain risks. Hereinafter, I, the undersigned, do state that I am voluntarily participating in these activities at the St. Mary's College of Maryland Athletics and Recreation Center and have sufficient understanding and requisite knowledge to recognize and appreciate there may be certain risks while participating in any activities at the St. Mary's College of Maryland Athletics and Recreation Center.

I understand that neither St. Mary's College of Maryland nor its employees, agents, officers or the Board of Trustees ("collectively St. Mary's College") shall be deemed responsible in anyway for the actions of anyone including, but not limited to, the acts or actions of any employees, agents, students or invitees, any third party, or the operation and management of any means of transportation, public or private, facilities or equipment used.

My signature below indicates that I agree to assume all risks and responsibilities surrounding my participation in the sanctioned activities at the St. Mary's College of Maryland Athletics and Recreation Center, including any and all activities undertaken while participating in the Athletics and Recreation Center and release St. Mary's College from any such liabilities. My signature also indicates that I understand the dangers and risks of participating in any activities available at the St. Mary's College of Maryland Athletics and Recreation Center and that participation may result in serious injury or death.

I further understand that I am solely responsible, or if I am under 18 years of age that I, as well as my parent or legal guardian, are solely responsible, for determining whether I have any physical or mental limitations preventing me from participation in activities and facilities available in the Athletics and Recreation Center. By my signature below, I am representing to St. Mary's College that I have no physical or mental limitations preventing me from participating in any activities that I may participate in at the St. Mary's College of Maryland Athletics and Recreation Center and that I or if I am a minor, my parent or guardian agree to allow me to participate despite any limitation. I further agree that St. Mary's College has no actual or constructive notice of any such limitation and hereby release St. Mary's from any direct or indirect liability. This assumption of risk, from once signed, will remain at the College and be a useable legal document until I revoke it in writing.

In Witness Whereof, I have caused this Release and Assumption of Risk to be executed this _____ day of _____, 20____.

Witness

Date

Signature

Date

Printed Name

My parents or guardians are aware that I am participating in this activity: (circle) Yes No

If under 18, parent or guardian signature is required:

Parent Signature

Parent Printed Name

___ Yes, please email me update on ARC hours of operation and services _____
Email address