



Verified in Banner

Notes:

UH MAUI FIT APPLICATION FOR MEMBERSHIP

University of Hawaii Maui College · 310 W. Kaahumanu Ave. · Kahului, HI · 96732 · (808)984-3430 · maui.hawaii.edu/studentlife/uh-maui-fit

Please fill in the all appropriate spaces and complete the form in its entirety. Please complete the health and liability waiver on the next page of this application. Please present a valid form of identification when submitting application. Payment is due at time of registration.

Date of Application _____ Semester _____ Year _____

Applicant Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Gender Male _____ Female _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email Address _____

New Member Yes No

Returning Member Yes No If Checked 'Yes' Please State Last Semester (Term/Year) as Member _____

Membership Rate	UH MAUI FIT Center Memberships
<input type="checkbox"/> FREE	UH STUDENT Semester Membership (Must Present Student ID)
<input type="checkbox"/> \$5	1 Class Drop In
<input type="checkbox"/> \$10	Weekly Membership
<input type="checkbox"/> \$35	MONTHLY Membership – 4 WEEKS

Monthly Membership is good for four (4) weeks from begin date. Membership is paid for at the time of registration. Membership allows member unlimited classes of their choosing during the entire membership period.

For UH Maui Fit Office Use ONLY

Membership Begin Date ____/____/____ **Membership End Date** ____/____/____

UHMC Student Membership

Student ID Number _____ Student UH Gmail _____

Payment Method

Cash \$ _____ Check \$ _____ [Check # _____] Debit/Credit Card \$ _____

Membership Fee Payment is by **Cash** or **Check ONLY** when paying at the **UH MAUI FIT Facility**. Membership Fee Payment may be made by **Debit** or **Credit** when paying at the **UHMC Business Office** located in the Ho'okipa Building. Please make payment in full and retain a copy of your receipt for records and proof-of-membership. *If payment is made by check, a \$25.00 returned check fee will be assessed for all checks returned by the bank. If member's check is returned, member will be suspended from participating at the UH MAUI FIT until membership fee and \$25.00 returned check fee is recovered in full. Payment must be made within two (2) weeks of returned check.

UH MAUI FIT MEMBERSHIP IS NON-REFUNDABLE ONCE PAYMENT IS MADE AND PROCESSED



Emergency Contact _____

Phone (_____) _____

Please indicate if you have ever experienced any of the following conditions:

- Heart Attack
- High Cholesterol (over 250)
- Stroke
- Back or Spinal Injury
- Diabetes (using medication)
- Heart Disease
- High Blood Pressure
- Medications for High Blood Pressure
- Abnormal EKG
- Medications for heart

Please list all and any additional medical conditions or allergies:

I hereby certify and sign that I have read the application, and all information listed above is accurate and true to my knowledge. By signing I agree to the terms and conditions of the membership and UH MAUI FIT facility.

Signature of Applicant

Date of Signature

UNIVERSITY OF HAWAII MAUI COLLEGE UH MAUI FIT RELEASE OF LIABILITY WAIVER

PARTICIPATION IN ANY ACTIVITY WITH THE ASSOCIATED STUDENTS OF UNIVERSITY OF HAWAII MAUI COLLEGE IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND WILL BE 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, from any and all suites, 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 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. I understand medical clearance is recommended before participating in ay physical activities on campus. Consultation with my physician to gain clearance is my responsibility, both for myself and for my sponsored Dependents is highly recommended.

I, the undersigned, have this form and understand it and the nature of the activities on campus. 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 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.

Signature of Applicant

Date of Signature

UNIVERSITY OF HAWAII MAUI COLLEGE UH MAUI FIT MARKETING & PUBLIC INFORMATION PHOTO RELEASE

By signing below, I hereby authorize the University of Hawaii Maui College to use photographs taken of me for purposes of Marketing, Public Relations, Promotions, and Recruitment, in both print publication and/or use online via maui.hawaii.edu.

Signature of Applicant - Photo Release

Date of Signature - Photo Release