2006-2007
Memb. Form

Lyon University Center Membership Application

USC Recreational Sports
www.usc.edu/recsports
213.740.5127

☐ **Renewal. Membership #_____**

Name:_____
Last First Middle

Circle One: USC Student Faculty/Staff Alumni Guest

Male____ Female____ Dr.____ Mr.____ Mrs.____ Ms.____

Address: _____

City:_____ State:_____ Zip:_____

Department:_____ MailCode:_____

Staff or Student ID Number:_____

Contact Phone:_____

Email:_____

MEDICAL/HEALTH INSURANCE (Required)

USC requires that ALL applicants must have current Medical/Health Insurance to participate in any recreational or intramural activity. Applicants are encouraged to have a physical examination PRIOR TO PARTICIPATION in any program. Participants in the Program will be doing so at their own risk and on a voluntary basis.

Signature:_____Date:_____

LIABILITY RELEASE/INDEMNIFICATION FORM

For and in consideration of the University of Southern California, its officers, trustees, employees, agents, representatives, and any department, organization or group affiliated therewith (collectively "USC") permitting Participant to enroll in and participate in the Activity described above, Participant, his/her spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless USC for any accident, injury, illness, death, loss, damage to person or property, or other consequences **including the negligence of the Recreational Sports Department** suffered by Participant or any other person arising or resulting directly or indirectly from Participant's participation in the Activity. In the event that Participant is injured, Participant agrees to assume any financial obligation, either through Participant's health insurance, or through some other means, for any medical costs which Participant incurs. USC assumes no responsibility for any medical expenses, injury, or damage suffered by Participant in connection with the use of any USC facilities or services in connection with the Activity. Participant further agrees to conform to all rules and regulations adopted by USC relating to the activity. IT IS THE INTENTION OF PARTICIPANT BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON HIM/HERSELF, TO THE EXCLUSION OF USC TO EXEMPT AND RELIEVE USC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH. Participant further agrees that Participant, his/her spouse, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of USC for any loss or damage resulting from Participant's participation in the Activity. **Participant is aware of the potential dangers incidental to engaging in the Activity, that this is a release of liability, a waiver of the Participant's legal right to collect damages in the event of injury, death or property damage and a contract between participant and USC and Participant signs it of his/her own free will.**

Signature:_____Date:_____

LOCKER RENTALS

I understand that I have rented this locker in the Lyon University Center for the period of time specified on this form. I must renew this locker or remove the lock and its contents by the date below or my lock will be cut and the contents confiscated. I further understand that all confiscated items will only be returned after a **$10.00 fee** is paid. USC Recreational Sports and staff are not responsible for lost or stolen items. Contents will be discarded after 10 days from the locker cut date.

Locker #:_____ Half Full Dec. 15 May 15 Aug. 15

Signature:_____Date:_____

Locker Switch/Upgrade

From: **Locker #:_____ Half Full**

To: **Locker #:_____ Half Full**

PERSONAL TRAINING/MASSAGE THERAPY

Circle One: Personal Training Massage

Trainer/Therapist Name: _____

MARTIAL ARTS

Circle One: AIKIDO TAE KWON DO NINJITSU KUNG FU

Year	**Semester**	**Mid-Semester**
Year: Aug. 15-Aug. 14	Fall: Aug. 15-Dec. 15	Fall: Oct. 15-Dec.15
	Spr.: Jan. 1-Apr. 30	Spr.: Mar. 1-May 1
	Sum: May 1-Aug. 14	Sum: July 1-Aug. 14

Memberhsips	*Staff/Faculty*	*Alumni*	*Guest*
Platinum Package	$350	$420	n/a
Gold Package	$300	$370	n/a
Year	$200	$270	$350
Semester	$70	$100	$120
Mid-Semester	$40	$60	$70
Month	n/a	n/a	$45
Week	n/a	n/a	$25
Day	n/a	n/a	$10

Pool	*Community Pool*	*Indoor Pool*
Year	$200	$75
Semester	$70	$30
Mid-Semester	$40	$20

Work Out	*Staff/Faculty/Alumni/Guest*	*Student*
Year	$50	n/a
Semester	$20	$65
Mid-Semester	$15	$35
Day	$10	$10

Lockers	*Full*	*Half*	*Towel Service*
Year	$160	$110	$50
Semester	$60	$40	$20
Mid-Semester	$40	$25	$15

Martial Arts		**Misc.**	
School Year	$110	_____	$_____
Semester	$65	_____	$_____

PURCHASE SUMMARY

Program/Service(s)

_____ $_____
_____ $_____
_____ $_____
_____ $_____
TOTAL $_____

Paid by:
Cash
Credit
Discretionary
Internal Req.
Check #____

Staff Name:_____Date:_____