

TEXAS SOUTHERN UNIVERSITY

3100 CLEBURNE ST. HOUSTON, TX. 77004
Office: 713-313-6896 FAX: 713-313-7842
Email: TXSUCAMPUSREC@TSU.EDU



STUDENT MEMBER APPLICATION

PLEASE PRINT

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ T-Number _____

Home Phone _____ Daytime Phone _____

E-Mail Address _____

EMERGENCY CONTACT INFORMATION

Person to Contact in Emergency _____ Relationship _____

Home Phone _____ Work Phone _____

RECREATION AND WELLNESS CENTER GENERAL REGULATIONS

INITIALS _____

1. You must swipe your identification card at the front desk prior to entering the center.
2. Smoking are prohibited in the gymnasium, fitness center and aquatics areas.
3. A dress code is in effect in all areas.
4. No loitering is permitted at the front desk or in hallways (please respect the staff as they are working.)
5. Only radio/ tape/ compact disc/ mp3 players with earphones are permitted within the Center
6. The Center is not responsible for lost or stolen items.
7. Obscene language, drunkenness, horseplay and loud verbal outbursts will not be tolerated.
8. Entrance and exit will be through the main entrance of Center only.
9. Membership is not refundable or transferable
10. Members must return all equipment upon leaving the Center.
11. Bags/purses/backpacks are not allowed in the gymnasium, fitness center or aquatics area.
12. Telephones are for emergency use only. Cellular phones are not permitted in the Fitness Center
13. Center is not equipped to handle cash nor personal items. Do not ask staff to handle cash nor personal items.
14. No children under 16 are permitted in the Recreation and Wellness Center at any time.
15. A student may use the Center by providing current student identification and reading and signing a waiver form.
16. The exercise room must be cleared five (5) minutes prior to the scheduled closing time.
17. Chewing gum, drinking, food and glass containers is not permitted. Other than water, no outside beverages are allowed in the facility.
18. Proper personal hygiene. Cleanliness and laundering of exercise clothing will be strictly enforced.
19. Equipment is not to be moved from its specific area.
20. Day-use Lockers are to be used temporarily. All personal items must be removed at the end of each visit.
21. Animals are not allowed in the building with the exception of those assisting persons with disabilities persons with disabilities.
22. Bicycles, roller blades and skateboards are not allowing in the building. Bicycles are not to be locked, chained or attached in any way to the building structure or handrails.
23. The recreation and Wellness Center has a zero tolerance for violence or intimidation or any sort. Any physical abuse of any person or conduct that threatens or endangers the health and safety of any member of the University will result in immediate cancellation of membership.

RECREATION AND WELLNESS CENTER DRESS CODE

INITIALS _____

Weight Room and Gymnasium: Appropriate attire is required at all times. Button down shirts also are not allowed because they have buttons or divots that can tear the padding on equipment. Soft-soled, closed-toe athletic shoes must be worn. Sandals are prohibited due to feet being exposed. Athletic bottoms also must be worn, not jeans, which have buttons or divots that can tear the padding on equipment. Inappropriate attire includes, but is not limited to: string tank tops, sports bras, extremely short shorts, jeans, carpenter style pants, sandals/flip flops, steel-toed boots, hiking boots, and non-athletic shoes. Clothing inscribed with profanity is prohibited.

Pool Area: Swim shorts with liners for men and one-piece or athletic two-piece swimsuits for women are appropriate pool attire.

Terms and conditions contained in the membership agreement above, as well as the dress code and regulations are incorporated by reference in this membership agreement and become part of this agreement. By member signature below, member hereby agrees to the terms and conditions of membership, acknowledges receipt of a fully completed copy of this agreement and the rules and regulations of the club. Member also acknowledges receiving orally read Section 1.2 above, which describes all rights of cancellation. Members further agree that the TSU I.D. card is valid for personal use only and may not be used by any other person. All members must have a current University decal and park in the designated lot. The Department of Recreation Services is not responsible for parking tickets or towing for failure to comply.

TEXAS SOUTHERN UNIVERSITY

3100 CLEBURNE ST. HOUSTON, TX. 77004

Office: 713-313-6896 FAX: 713-313-7842

Email: TXSUCAMPUSREC@TSU.EDU



Activity Release and Waiver of Liability and Assumption of Risk Agreement

1.5 WAIVER AND RELEASE

- 1. Participant I, _____ desire to participate in the following Activity (defined below).
2. Definitions. For this document's purposes:
a. "Activity" means the following activity/trip Rec. Ctr. All Recreation Programs and Intramural Sports sponsored by TSU (defined below) and scheduled to occur on or about Fall, Spring, Sum. I and Sum. II Semesters.
b. "Risk" means any danger or hazard including without limitation: any transportation accident, personal injury, loss or destruction of property, illness or even death.
c. "TSU" means Texas Southern University, its governing board, officers, administrators, directors, faculty, agents, employees, subcontractors, volunteers, and each student that TSU employs.
3. Risks. I recognize that along with any Risk that is inherent in, associated with or arising from Activity, Risk includes also any act by any third party unrelated to Activity, and any endeavor not scheduled by TSU that is in addition to and not related to the Activity. Risks also include any Activity that I undertake without - or beyond the scope of - my physician's approval. I am responsible to inspect each facility or equipment item before using it in Activity. If I recognize the item to be unsafe, I will immediately advise a responsible TSU employee of the condition, and will not participate in Activity. I recognize further that an Activity may involve a serious injury risk, including permanent disability or death, and severe social and economic loss that might result not only from my own actions, inactions, or negligence, but also the action, inaction, and negligence of others, or the condition of an Activity's facility or equipment item. Other risks not known or reasonably foreseeable at this time may also exist.
4. Liability. In exchange for each benefit that I receive through participating in the Activity - and on behalf of myself, and my family, successors and assigns - I expressly, knowingly and perpetually:
a. ASSUME ALL RESPONSIBILITY AND LIABILITY FOR EACH KNOWN, UNKNOWN, DIRECT OR INDIRECT RISK;
b. RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS TSU FROM AND AGAINST ALL CLAIMS, DEMANDS, LIABILITIES, CONTROVERSIES OR CAUSES OF ACTION, DAMAGES, COSTS AND EXPENSES OF ANY KIND THAT ACCRUE RESULTING FROM ORDINARY NEGLIGENCE ON THE PARTY OF TSU AND RELATING TO OR ARISING OUT OF THE ACTIVITY, MY PARTICIPATION IN THE ACTIVITY AND ANY RISK; AND
c. AGREE TO PROTECT AND INDEMNIFY TSU AGAINST AND FROM ALL CLAIMS, DEMANDS, LIABILITIES, CONTROVERSIES OR CAUSES OF ACTION, DAMAGES, COSTS AND EXPENSES OF ANY KIND INCLUDING ANY DEFENSE COSTS OR ATTORNEY'S FEES FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH ARISING FROM THE ACTIVITY;
d. AGREE TO TAKE OVER AND DEFEND (PERSONALLY OR THROUGH MY REPRESENTATIVE) ANY CLAIM OR ACTION - OF WHICH TSU PROMPTLY NOTIFIES ME IN WRITING - IF BROUGHT AGAINST TSU IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.
5. Medical. I recognize that TSU does not provide emergency health services. However, I authorize TSU or any other responsible party to obtain any needed emergency medical treatment for me in connection with the Activity, with an understanding that I must bear the cost of that treatment. I ADDITIONALLY HOLD HARMLESS AND WILL INDEMNIFY TSU FROM ANY CLAIM, CAUSE OF ACTION, DAMAGE OR LIABILITY ARISING OUT OF OR RESULTING FROM THAT MEDICAL TREATMENT. I represent myself to have either had a physical examination and have been given a physician's permission to participate, or to have decided to participate in an Activity without approval of my physician. TSU has no duty to ascertain or verify the nature or scope of any recommendation that my physician has provided to me with respect to any Activity.
6. Representations. In signing this document, I acknowledge and represent that:
a. other TSU recreation resources and activities for students and employees are available that do not require a waiver;
b. I have carefully read this document and understand its contents, and sign the document of my own free will;
c. I am at least eighteen years of age and fully competent to sign this Agreement, and if not, my parent or legal guardian is signing further below on my behalf;
d. No health-related reason or problem precludes or restricts my participation in the Activity;
e. Unless I already have adequate health insurance necessary to provide for and pay for any medical costs that are required or rendered to me in connection with the Activity as a result of injury or illness, I WAIVE MY RIGHT TO HEALTH INSURANCE.
f. to the extent that I drive while participating in the Activity, I personally carry Automobile Liability Insurance applicable and effective in the place in which I will drive, and this insurance includes medical payment coverage upon any accident.

Participant's Signature: _____ College/Department & Classification: _____

Printed Name: _____ Date: _____ Age: _____

Parent/Guardian Waiver and Signature for Minor Participants (16-17 years of age)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent's or Guardian's Signature: _____ Date: _____