



SPORTS AND ACTIVITY CENTER MEMBERSHIP

Name: _____ Date of Birth: ___/___/___ Ranger Card #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*Membership available on an annual basis only. Membership fees will not be pro-rated, adjusted, or refunded even if a space in the SAC becomes unavailable for use, whether it is for a day or for an extended period time. Ranger Card required to use the facility.

*Students, Faculty & Staff – You cannot purchase a parking permit at the SAC, only at University Police.

To Locker Renters: UW-Parkside is not responsible for the security of your equipment while stored in the SAC locker room. Please be sure to lock your locker whenever it is unattended. Lockers must be renewed or emptied by the expiration date. Otherwise the contents of an expired locker will be emptied and discarded by SAC staff.

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT UW-PARKSIDE SAFETY-RISK MANAGEMENT AT 262-595-2262.

Assumption of Risk:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in this program and activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Hold Harmless, Indemnity and Release:

In consideration of permission for me to freely and voluntarily participate in the SAC recreational activities, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Parkside, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, University of Wisconsin-Parkside, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Consent for Emergency Treatment:

I authorize University of Wisconsin-Parkside and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____

Additional Family Members

Name: _____	Signature: _____	DOB: ___/___/___
Name: _____	Signature: _____	DOB: ___/___/___
Name: _____	Signature: _____	DOB: ___/___/___
Name: _____	Signature: _____	DOB: ___/___/___
Name: _____	Signature: _____	DOB: ___/___/___

Emergency Contact

Name: _____ Phone#: _____

SAC OFFICE USE ONLY

Membership Selected: _____ Staff Member: _____

Services Selected: _____ Total Due: _____ Date Entered: _____

Cash _____ Credit Card# _____ Check _____ Checking # _____ Made out to UW-Parkside Athletics

Membership Exp Date: _____ Parking Pass # _____

Locker Information

Name: _____ Locker #: _____ Lock# _____ Expiration: _____



SPORTS AND ACTIVITY CENTER MEMBERSHIP PRICING

MEMBERSHIP TYPES

COMMUNITY*

Single Member	\$400
Additional family member	\$200 (each)
Senior 55+*	\$225
Additional senior family members 55+*	\$150 (each)
Seasons Pass (3 Months)	\$125

FEES

FACULTY & STAFF

Single Member	\$150
Additional Family Members	\$100 (each)
Family Pass (up to 5 members)	\$450
Seasons Pass (3 Months)	\$100

ALUMNI*

Single Member	\$200
Additional Family Members	\$150 (each)
Family Pass (up to 5 members)	\$450
Seasons Pass (3 Months)	\$100

STUDENT

UWP Full-Time	FREE
UWP Part-Time	\$125

ADDITIONAL SERVICES

Additional Parking Pass	\$60
Locker	\$40
Towel	\$25

DAY PASS \$10 (CASH ONLY)

*Community and alumni memberships include ONE parking pass