



Harvard Department of Athletics Athletic Membership Application



HARVARD EMPLOYEE INFORMATION					
Last Name:		First Name:		Middle:	
Harvard ID #:		Department/School:			
Home Street Address:				City:	
State:	Zip:	Home Phone:	Campus Phone:		
<input type="checkbox"/> Faculty/Staff/Officer Department/School: _____					
<input type="checkbox"/> Student: Undergraduate/Graduate School: _____ Graduation Date: _____					
<input type="checkbox"/> Alumni Year Graduated: _____ Maiden Name (if applicable): _____					
<input type="checkbox"/> Other _____					<i>Office Use Only - Affiliation Code:</i>
Email Address (used only for important updates/changes): _____					
FAMILY MEMBER(S) INFORMATION <i>(if applicable)</i> *Qualified Domestic Partner (QDP) must be same-sex and couple should be registered with local municipality					
Spouse/*QDP's Last Name:		Spouse/*QDP's First Name:		Middle:	
Spouse/*QDP's Date of birth:		<i>Office use only - Spouse/*QDP Card number issued:</i>			
List Children [first name, last name (if different), and date of birth]:				<i>Office use only - Card number(s) issued:</i>	
1.					
2.					
3.					
4.					
5.					
ASSUMPTION OF RISK AND GENERAL RELEASE: <i>THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING</i>					
<p>I am fully aware of and assume the risks (including, without limitation, the risk of serious bodily injury, property loss or damage) of participation in recreational activities and use of recreational facilities at Harvard. I recognize my responsibility to participate only in those activities for which I have the required skills, qualifications, training and physical conditioning. I understand that I must pay for all medical treatment and related costs if I am injured.</p> <p>I release, hold harmless and agree to indemnify Harvard, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action (including without limitation negligence), loss or liability for injury to person or property, which I may suffer or for which I may be liable to any other person, related to my participation in recreational activities or use of recreational facilities at Harvard.</p> <p>I, the undersigned parent and/or legal guardian of the minor child(ren) listed above, do hereby consent to his/her/their participation in recreational activities and use of recreational facilities at Harvard. I, personally and on behalf of each minor child listed above, release, hold harmless and agree to indemnify Harvard, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action (including, without limitation, negligence), loss or liability for injury to person or property, which said minor(s) may suffer or for which said minor(s) may be liable to any other person, related to the minor(s)' participation in recreational activities or use of recreational facilities at Harvard.</p>					
ACKNOWLEDGMENT OF POLICIES:					
<p>I have received a copy and read the policies regarding my [and my family's] use of the recreational facilities at Harvard University, and I agree that [my family] and I will adhere to those policies. If [my family or] I do not adhere to those policies, I recognize that the Department of Athletics may, at its discretion, suspend or terminate my membership.</p> <p>I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles).</p>					
Signature:				Date:	
<i>Office Use Only:</i> Date Processed:		<i>Office Use Only:</i> Comments:			
Staff Member:					