

**TC3 FITNESS CENTER  
Membership Application**

Last \_\_\_\_\_ First \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Student/ Member ID number:

Email \_\_\_\_\_@\_\_\_\_\_

**EMERGENCY CONTACT:**

Local Address \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_

Relationship \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Physician \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Hospital \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Special Needs/Medication \_\_\_\_\_

TC3 Staff \_\_\_\_ FSA (Staff) \_\_\_\_ TC3 Student \_\_\_\_ Activity Fee \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

TC3 Dep. \_\_\_\_ TC3 Alumni Association Member \_\_\_\_ Community \_\_\_\_ Dryden Fire \_\_\_\_

**Waiver/Release/Hold Harmless Agreement:**

I have been informed of, understand, and am aware the strength, flexibility, and aerobic exercise including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand, and am aware that fitness activities involve a risk of injury, including death or serious disability, and that I am voluntarily participating in these activities. I hereby waive, and release and hold harmless Tompkins Cortland Community College, Inc., and the employees, agents, and trustees and director of each, from any act of negligence or failure to act that may result in an injury to me except gross negligence or intentional infliction of injury. I specifically acknowledge that I have read carefully and fully understand this agreement and that I make it freely. I also certify that I am in good physical condition, and am freely able to participate in an exercise program.

**THERE ARE NO REFUNDS ON TC3 FITNESS CENTER MEMBERSHIPS**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

***IF UNDER THE AGE OF 18:***

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

**The FSA of TC3 strongly suggests that before starting any exercise program you have a physical by a physician and discuss with him/her your exercise intentions.**

**I acknowledge that I have participated in an orientation session, and if requested have received instruction regarding proper usage of the equipment in the TC3 Fitness Center.**

\_\_\_\_ One on one \_\_\_\_ Group \_\_\_\_ Class

\_\_\_\_\_  
Members Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator's Signature

**FOR OFFICE USE ONLY:**

Date entered power campus \_\_\_\_/\_\_\_\_/\_\_\_\_ Date entered TC3 applications \_\_\_\_/\_\_\_\_/\_\_\_\_