



# Annual Building Membership

Please Print Clearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- NOTE:
- 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 of 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, \_\_\_\_\_ (print name) age \_\_\_\_\_, desire to participate in recreational activities at the University of Wisconsin-Parkside, Sports & Activity Center.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

**In the event of an emergency, please contact;**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

SAC Office use only			
Membership Selected: _____	Staff Member: _____		
Services Selected: _____	Total Due: _____	Date Entered: _____	
Cash \$ _____	Check \$ _____	Ck# _____	Made out to UW-Parkside Athletics
Membership Exp Date: _____	Parking Pass #: _____	Notes: _____	

**Locker Information**

Name	Locker Room	Locker #	Lock #	Expiration
	GM GW			

# university of wisconsin-parkside sports and activity center membership pricing

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## MEMBERSHIP TYPES

## FEES \*CASH OR CHECK ONLY

### COMMUNITY

single member	\$400.00
additional family members	\$200.00 (each)
senior (55+)	\$225.00
additional senior family members (55+)	\$115.00 (each)

### FACULTY & STAFF

single member	\$99.00
family pass	\$198.00

### ALUMNI

single member	\$300.00
family pass	\$450.00

### STUDENT

full-time UWP	\$ -
part-time UWP	\$200.00

### SERVICES

additional parking pass	\$40.00
locker	\$35.00
towel	\$25.00

### DAY PASS - \$10.00 (CASH ONLY)

**\*COMMUNITY & ALUMNI MEMBERSHIPS INCLUDE ONE PARKING PASS**

**\*ALL PRICES INCLUDE TAX  
RATES EFFECTIVE IMMEDIATELY**