

**BRYN MAWR COLLEGE
GYM/LIBRARY AFFILIATE
SPOUSE MEMBERSHIP APPLICATION**

SPOUSE APPLICANT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Work Phone:

Home/Cell Phone:

Email:

Membership/ID number:

EMPLOYEE/RETIREE INFORMATION

Name:

Department (if still active employee):

Phone:

EMERGENCY CONTACT

Contact 1

Name:

Work Phone:

Home/Cell Phone:

Contact 2

Name:

Work Phone:

Home/Cell Phone:

OBTAIN PHOTO MEMBERSHIP CARD AT WARD BUILDING - \$10.00 FEE
Checks (payable to Bryn Mawr College), cash, or credit card

SPOUSE LIABILITY RELEASE AND WAIVER FOR SCHWARTZ GYMNASIUM MEMBERSHIP

Name of Person Giving Release (“Releasee”): _____
(please type or print)

1. I am a spouse of a Bryn Mawr College employee or retiree.
2. I understand that Bryn Mawr College (“the College”) offers employees and retirees an employee benefit of spouse membership to the Schwartz Gymnasium. I desire to utilize my spouse’s employee benefit and become a Gym Affiliate.
3. I understand that this benefit terminates under the following circumstances: when my spouse is no longer an employee or retiree of the College and/or when I am no longer the spouse of said employee or retiree.
4. In consideration of being permitted to use the Schwartz Gymnasium on behalf of myself, my family, heirs, and personal representatives, I, the undersigned, agree to assume all the risks and responsibilities surrounding my use of the facilities, and release, waive, forever discharge, and covenant not to sue the College, its governing board, officers, agents, employees, and any students acting as employees (“Releasees”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while on, or in transit to or from the premises.
5. I understand that the Schwartz Gymnasium, including but not limited to the Fitness Center, is not always monitored. I take responsibility for myself and my actions when using the Fitness Center, or any other part of the Schwartz Gymnasium.
6. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Release. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
7. It is my express intent that this Release shall bind the members of my family if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation as a Gym Affiliate.
8. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the Release by reading it before I sign it, and I understand that I sign this document as my own free act; no oral representations, statements, or inducements, other than the content of this Release, have been made. I understand that I am not required to use the Schwartz Gymnasium, but I desire to do so, despite the possible dangers and risks. I further state that I am at least eighteen (18) years of age and fully competent to sign this Release; and that I execute this Release for full, adequate and complete consideration fully intending to be bound by it.
9. I further agree that this Release shall be construed in accordance with the laws of the Commonwealth of Pennsylvania. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected hereby.

Signature

Date

Printed Name