

IMPORTANT: In order for your enrollment to be processed, you must complete this form and have it validated by Student Financial Services (located in Simpson Central, 2<sup>nd</sup> floor of the Owen Student Services Center) by the end of business January 22, 2016. The form must then be submitted to Sun Oaks Tennis & Fitness to make use of the membership.

**SUN OAKS TENNIS & FITNESS** 3452 Argyle Rd., Redding CA 96002 (530) 221-4405 **Membership Agreement**

Name, \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_  
(First Middle Initial Last)

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

Date of Birth \_\_\_\_\_ Employer: \_\_\_\_\_ Work Ph. # \_\_\_\_\_ Home Ph. # \_\_\_\_\_

E-mail: \_\_\_\_\_ Card # \_\_\_\_\_ SU ID# \_\_\_\_\_

Type of Membership: Simpson University Traditional Undergraduate Student Membership Source: SU

**\$79 ENROLLMENT FEE.** I UNDERSTAND THAT BY PURCHASING THIS PLAN MY MEMBERSHIP WILL BE EFFECTIVE JANUARY 12, 2016 TO APRIL 29, 2016. THE HOURS OF 4:30-7 PM WEEKDAYS ARE EXCLUDED FROM THIS MEMBERSHIP. THE \$79 FEE WILL BE A PART OF MY SIMPSON UNIVERSITY STUDENT ACCOUNT CHARGES FOR THE SPRING 2016 SEMESTER.

I UNDERSTAND THAT THE FOLLOWING PROVISIONS ARE APPLICABLE TO ALL MEMBERSHIPS:

- a) Memberships are not subject to assessment.
- b) Memberships are not proprietary and do not confer any interest or ownership in the assets or property of the Club, nor do they carry any liability for any debts of the Club.
- c) Membership in the Club is subject to the policies published in the "New Member Newsletters." These policies may be amended by management.
- d) These membership terms shall be effective as of January 1, 2007, and continue in effect until duly modified.

**WAIVER OF RELEASE OF LIABILITY:** In consideration of being permitted to use facilities and equipment, on behalf of myself, my family, my heirs, and my assigns, **I hereby release Sun Oaks Tennis & Fitness**, it's owners, employees, and agents, from liability for injury, death, or loss suffered by me, while using the facility, equipment, or in any way associated with participating in any and all Club activities now or in the future, resulting from ordinary negligence of Sun Oaks Tennis & Fitness, it's agents, or employees. By the execution of this agreement, I assume full responsibility for any and all injuries or damages which may occur to me (including loss or theft of personal property) as a result of negligence on the part of Sun Oaks Tennis & Fitness or its employees, in or about the Club premises. I affirm there are inherent risks in all health and fitness club activities, that I am aware of and appreciate these risks, and that I assume all responsibility for personal injury, death, or loss resulting from these injuries. In addition, I authorize Sun Oaks Tennis & Fitness to take emergency action in the event of an accident.  
(Initials \_\_\_\_\_)

**BUYERS RIGHT TO CANCEL:** Applicant may cancel this agreement any time prior to 5 pm, January 22, 2016. To cancel this agreement, the request for cancellation must be submitted directly to Simpson University Student Financial Services, 2211 College View Dr, Redding CA 96003.

Would you like your name and phone number to be listed in our Club Roster? Yes No (Circle One)

By signing below I, the above named student, authorize the addition of this charge to my student account, and authorize this charge to be paid by my federal financial aid funds for the specified semester, if applicable.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

SFS VALIDATION: \_\_\_\_\_

SUN OAKS T&F STAFF: \_\_\_\_\_

MEMBERSHIP FEE: \_\_\_\_\_

MEMBERSHIP NO. \_\_\_\_\_