Pass # _____

University of Missouri-St. Louis
Mark Twain Athletic/Fitness Center (MT)
Membership Application/Agreement of Understanding

MEMBERSHIP INFORMATION
Please print.

Name _____ E-Mail Address _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Membership Type:
Check one.

☐ **ALUMNI** *Current Member of UMSL Alumni Assoc.*	☐ **FRIEND OF ALUMNI** *Current Assoc. Member of UMSL Alumni Assoc.*	☐ **EXPRESS SCRIPTS** *Current Employee of Express Scripts*	☐ **COMMUNITY** *Non-affiliated with UMSL*
_____ **INDIVIDUAL One-Year $165**	_____ **INDIVIDUAL One-Year $200**	_____ **INDIVIDUAL One-Year $200**	_____ **INDIVIDUAL One-Year $250**
_____ INDIVIDUAL 6-Month $100	_____ INDIVIDUAL 6-Month $150	_____ INDIVIDUAL 6-Month $150	_____ INDIVIDUAL 6-Month $200
_____ INDIVIDUAL 1-Month $30	_____ INDIVIDUAL 1-Month $45	_____ INDIVIDUAL 1-Month $45	_____ INDIVIDUAL 1-Month $50
_____ **FAMILY One-Year $250**	_____ **FAMILY One-Year $350**	_____ **FAMILY One-Year $400**	_____ **FAMILY One-Year $450**

FAMILY Memberships (2 adults/2 children) include current member, one (1) additional adult member (residing at the same physical address), and two (2) children 18 and younger. *Additional children may be added to the membership for an extra charge per each.

Please list full names of all eligible family members below:

Pass # _____ **Adult 2** _____

Pass # _____ **Child 1** _____ Age _____ Date of Birth _____/_____/_____

Pass # _____ **Child 2** _____ Age _____ Date of Birth _____/_____/_____ *Alumni* *Other*

Pass # _____ Child 3* _____ Age _____ Date of Birth _____/_____/_____ **Extra Charge* $40 / $60

Pass # _____ Child 4* _____ Age _____ Date of Birth _____/_____/_____ **Extra Charge* $40 / $60

Pass # _____ Child 5* _____ Age _____ Date of Birth _____/_____/_____ **Extra Charge* $40 / $60

Membership Term: _____ **One-Year** _____ 6-Month _____ 1-Month ***Valid:*** _____/_____/_____ *through* _____/_____/_____

Payment Method: _____ **Cash** _____ **Check** (Ck # _____) *Payable to **UMSL**.* ***Amount Paid:*** $ _____ *All sales final.*

AGREEMENT OF UNDERSTANDING

1. This membership entitles member entrance to the Mark Twain Athletic/Fitness Center (MT), use of facilities, and participation in Campus Recreation intramural activities. Exceptions include wellness services and classes, locker rental, and entrance to athletic department events. These activities and services are available to all members for additional fees; inquire at the Campus Recreation Office, 203 MT.
2. Member shall show membership card and photo ID at the control center upon entering MT.
3. This membership cannot be transferred.
4. This membership cannot be cancelled except under extreme situations; member's failure to use the facilities of MT will not relieve member of the obligation of their membership.
5. Member agrees that all activities and use of the facilities shall be undertaken at member's risk. Member represents that he/she is physically able to undertake physical activities and the use of the facilities provided by MT and MT and the Curators of the University of Missouri shall not be liable for any claim, demands, injuries, damages, action or causes of action, whatsoever, to member or member's property, arising out of, or connected with the use of any of the services or facilities of MT or the premises where the same are located. Member does hereby expressly further release and discharge MT and the Curators of the University of Missouri from all such claims, demands, injuries, damages, actions or causes of action.
6. Upon prior notice, member understands that MT may be closed to members for maintenance and selected University events.
7. Member agrees to abide by and comport to the MT policies and rules of conduct specified on the UMSL Campus Rec website.
8. Any violation of said policies may lead to revocation of member's card and further renewals.
9. A $15 replacement fee is charged for all lost membership cards.

NOTICE TO MEMBER

1. Do not sign this agreement before you read and understand it.
2. You are entitled to an exact copy of the agreement you sign.

Member acknowledges that he/she has read and received a completed, signed copy of this agreement.

_____ _____ _____ _____
Member's Signature *Date* *Authorized MT Agent* *Date*

For information regarding Mark Twain facilities and hours of operation, contact
UMSL Campus Recreation, 203 Mark Twain, 516-5326 or **www.umsl.edu/services/recsport**