The Dixon Center
Membership Application Form

Person Completing Membership Sale _____

Parking Pass# _____

Mem. Length and Exp. Date _____

Cabrini College, 610 King of Prussia Road, Radnor, PA 19087
Phone: 610.225.3904 Fax: 610.902.8385

1. CHOOSE A TYPE OF MEMBERSHIP:

Community Membership

- ☐ $475 Individual Annual
- ☐ $500 Pro-rated Rated Annual
- ☐ $370 1 Add. Family Member
- ☐ $1215 Household Membership

Pool/Track/Squash/Gymnasium Membership

- ☐ $225 Individual Pool Annual
- ☐ $250 Pro-rated Annual Pool
- ☐ $110 Child's Pool Annual
- ☐ $140 Pro-rated Childs Pool

Alumni Membership

- ☐ $265 Individual Annual
- ☐ $210 Addt. Family Member
- ☐ $475 Household Membership
- ☐ $150 Individual Pool Annual
- ☐ $75 Child's Pool Annual

Faculty/Staff/Part-time/Graduate Student Membership

- ☐ Free Each Add. Family Member
  (FT Fac./Staff must request membership)
- ☐ $60/semester
  - ☐Part-time Faculty/Staff
  - ☐Part-time Student
  - ☐Graduate Student
- ☐ $100/semester
  Each Add. Family Member for
  - ☐Part-time Faculty/Staff
  - ☐Full-time Student
  - ☐Part-time Student
  - ☐Graduate Student

Membership Notes/Policies

Memberships will not be credited for time away (vacations, winter residency, etc.). Please purchase memberships accordingly. Closures are part of the membership agreement and will not be credited towards a membership. The Dixon Center schedule is always subject to change due to athletic and campus events, as well as holidays/closures.

- Pro-rated memberships must be a minimum of one month in length
- Prox. ID Deposits are $10 and will be returned at the end of the membership
- Children 4 and under are free
- Ages 5-13 are eligible for the child's pool rate only
- Household memberships must share a common address and **are limited to 6 members.**

2. COMPLETE MEMBERSHIP INFORMATION:

Date: _____

Member Name #1 _____ D.O.B. _____

Member Name #2 _____ Relationship _____ D.O.B _____

Member Name #3 _____ Relationship _____ D.O.B _____

Member Name #4 _____ Relationship _____ D.O.B _____

Member Name #5 _____ Relationship _____ D.O.B _____

Member Name #6 _____ Relationship _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

E-mail Address: _____ Work Phone: _____

3. SELECT A PAYMENT METHOD and NEW or RENEWAL:

☐ NEW MEMBER ☐ RENEWAL

☐ Check (made payable to "Cabrini College")

☐ Cash ☐ Visa ☐ Mastercard ☐ Discover

AMOUNT PAID/TOTAL: _____

CABRINI COLLEGE

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4. COMPLETE EMERGENCY CONTACT INFORMATION:

Person to Notify in Case of an Emergency: _____ Phone: _____

Primary Physician: _____ Phone: _____

5. READ AND SIGN FACILITY USAGE AND LIABILITY WAIVER:

_____(please initial) I understand The Dixon Center is not a fitness club. The scheduling of intercollegiate competitions, intramurals, practices, and other special events will limit access to certain areas of the Center at specified times. I understand The Dixon Center will follow the Cabrini campus schedule; hours of operation will be limited throughout the year and are subject to change.

_____ (please initial) I understand The Dixon Center does not allow Personal Training Services and I do not have the right to bring in my own Personal Trainer.

_____ (please initial) I understand anyone under the age of eighteen must join with a parent; I understand only those fourteen or older are permitted to use the Fitness Center.

_____ (please initial) I understand that Community Memberships may be limited by the facility's capacity as determined by Cabrini College Administration.

EXERCISE PROGRAM

I voluntarily consent to use the Dixon Center's equipment and facilities to engage in physical activities such as aerobic exercises, water exercise, walking/running exercise, stretching and/or weight training. If I so wish, there are trained personnel in the Fitness Center who will provide safe orientation to all equipment in the room.

ADDITIONAL RESPONSIBILITES

I agree to abide by all the rules and regulations that govern the facility. Failure to do will result in loss of privileges of The Dixon Center. I understand I am fully responsible for any family members who have joined The Dixon Center. I understand that I am responsible for personal articles lost or stolen in The Dixon Center.

WAIVER OF LIABILITY

TO RELEASE, WAIVE, COVENANT NOT TO SUE AND DISCHARGE the College, its officers, directors, agents, faculty, representatives, students and employees ("Releasees") from any and all liability to me, my personal representatives, assigns, heirs, and next of kin for any and all damages, and any claim (including claims for bodily injury or death) or demands therefore on account of any injury to me or my property arising, directly or indirectly, from or related to my activities in connection with my membership and/or use of facilities.

TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, arising , directly or indirectly, from or related to my activities in connection with my membership and/or use of facilities.

TO ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE in connection with my membership and/or use of facilities.

THAT THIS RELEASE AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAWS OF PENNSYLVANIA and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

That this agreement shall be binding upon our successors, heirs, next of kin, executors, administrators, assigns and representatives.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me.

_____ _____

Member #1 Signature **Date** **Guardian of Minor if Under 18** **Date**

_____ _____

Member #2 Signature **Date** **Member #3 Signature** **Date**

_____ _____