## FACULTY/STAFF MEMBERSHIP APPLICATION

**	* Pleasereturn completed application	ns t <b>D</b> r. Mar k J. Andreozzi ir	n the Campus Recreation Center	
Membership C	Category.			
Faculty	Staff			
Membership T	VDE:			
	embership(6am to 1pm Mon-Fr	i & 10am to 2pm SatS	Sun ONLY)	
Unlimited Use Single Membership(SeptAug):				
Unlimited Use Family Membership (SeptAug):  Unlimited Use Family M				
Payment Method All memberships are nonrefundable after 72 hours of purchase date.   Cash Check(made payable to RWU) Payroll Deduction				
Applicant Infor	mation:			
Name	First	MI	RWU ID #	
Last	FIrst	IVII		
Email Address	8:		Date of Birth :	
Local Address	:		Home Phone:	
City/State/Zip:				
Campus Department:				

(if applicable):				
Parents must supeise children under the age of 16 the same activity areaNo one under the age of 16 allowed in FitnessCenter.				
Name:	_ Date of Birth:	_ DriverÕs License <u>#</u>		
Name:	Date of Birth:	DriverÕs License <u>#</u>		
Name:	_ Date of Birth:	_ DriverÕs License <u>#</u>		

## ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIA BILITY AGREEMENT

In consideration of being permitted to utse Campus Recreation Center (ÒCenterté) by forever release and covenant n to-sue Roger Williams University r Roger Williams University School of Law