UNIVERSITY OF CONNECTICUT
avery point
recreation facility
Membership/Assumption of Risk Form

Name ___________________________________________ ______________________________________

First                  Last

Address ________________________________ City__________________ State_____ Zip_____________

Please note that effective August, 2019, all memberships are subject to 6.35% Connecticut sales tax.

New membership prices listed below reflect the addition of this tax.

Please circle your Membership Option (s)

Without Parking Pass With UConn Parking Pass

12-Month Membership $319.05 12-Month Membership $453.33
6-Month Membership $186.11 6-Month Membership $253.25
Monthly Membership $79.76 Monthly Membership $90.95
Additional Adult Member $106.35 Add. Adult w/ 2nd park pass $240.63 (additional)

REQUIRED for PARKING PASS ***************

Make:_________ Model:_________ Year:_________ Color:_________ License Plate# ______________

EMAIL: PRINTED CLEARLY - _______________________________________________________

A University issued parking tag is mandated in all parking lots on the Avery Point campus from Monday through Friday from 7 a.m. to 5 p.m. Individuals who select the parking pass option above will receive a University issued parking pass for the duration of this membership. Anyone parked in a University lot from Monday through Friday from 7 a.m. to 5 p.m. that does not have the proper credentials is subject to ticketing.

For those individuals who do not wish to purchase a parking pass, Pay by Phone spots are available directly adjacent to the athletic facility. To purchase parking via Pay by Phone, visit https://www.paybyphone.com/. The general rate is approximately $1.00 an hour and can be utilized in place of a University parking pass from Monday through Friday from 7 a.m. to 5 p.m. All major credit cards are accepted.

I acknowledge that I have been made aware of the parking options available at UConn Avery Point and have selected the appropriate option based on my own needs. I understand that if I decline the purchase of a University parking pass and do not utilize the Pay by Phone option, that I may be subject to penalties from Parking Services, including ticketing and/or tow.

Signature________________________________________ Date________________________
Please be aware that open facility hours vary both during the academic year and in the summer months. The building schedule is subject to change without notice at all times. Unscheduled changes do occur but are rare. We are vigilant about posting all changes in real time on the athletics website (https://athletics.averypoint.uconn.edu) and will also make every effort to post signage in the facility providing notification of any changes.

I fully understand the membership is full use of the facilities when scheduled programs are not running and is subject to change without notice.

In registering as a participant in and in consideration of being permitted by the University of Connecticut at Avery Point to participate in the Athletic Facility, I voluntarily agree to assume all risks of participation in fitness/informal activities. Moreover, I release UConn Avery Point, its officers, employees, and agents from all claims of damage, demands and actions whatsoever, (whether such damage be known or unknown), including attorney’s fee in any manner arising out of or resulting from or in connection with my usage at the University of Connecticut at Avery Point’s Athletic Facility including, but not limited to workouts, participation in games, organization and operation of special events, supervision of participants and/or maintenance and operation of equipment and premises.

I have full knowledge of the risks involved in this activity, and I am physically fit and sufficiently informed to participate. I am personally responsible for all risks of injury or damage to person or property in any way arising out of my use of the Student Recreation Facility.

Printed Name_____________________________________________________________________

Home Phone__________________________Cell Phone____________________________________

Signature________________________________________Date________________________
HEALTH SCREENING QUESTIONNAIRE

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Has your doctor ever said you have heart trouble and recommended only medically-approved physical activity?</td>
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<tr>
<td>2. Do you have chest pain brought on by physical activity?</td>
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<tr>
<td>3. Have you experienced chest pain at rest in the last month?</td>
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<td>4. Have you felt faint, lost consciousness, or your balance as a result of dizziness?</td>
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<td>5. Do you have a bone or joint problem that could be aggravated by physical activity or made worse with exercise?</td>
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<td>6. Is your physician currently prescribing medication for blood pressure or a heart condition? (e.g. diuretics or water pills)</td>
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<td>7. Are you over the age of 45 and not accustomed to vigorous exercise?</td>
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<td>8. Do you have diabetes?</td>
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<td>9. Do you have any respiratory problems such as emphysema, asthma, or chronic bronchitis?</td>
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<td>10. Are you aware, through your own experience or your doctor’s advice, of any other reason against your exercising without medical approval?</td>
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In addition to the questions stated above, it is necessary to obtain medical clearance by a licensed physician if you possess any of the following:

1. You have known cardiovascular, pulmonary, or metabolic disease, regardless of age.
2. You are over the age of 35 with any one or a combination of the following:
   a. High blood lipid profile (TCH/HDL ratio above 4);
   b. Cigarette smoking;
   c. Abnormal electrocardiogram (ECG/EKG);
   d. A family history of cardiovascular disease prior to the age of 50; or
   e. Physical inactivity for at least one year.

I have read and understood this screening questionnaire and will consult with my physician before engaging in any exercise activity if the answer to any of the above questions is positive.

________________________________________  _________________________
Name (Print)       Date

________________________________________
Signature