**UAB Campus Recreation Center**  
**Locker Rental Agreement**  
Valid UAB Campus Recreation Center membership is required for locker rental.

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**Date:** ______________________  
**Locker services are non-refundable.**

### Primary Member – General Information

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
<th></th>
<th></th>
<th>Blazer ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>MI</td>
<td>Last</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>E-mail:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Campus Phone Number:</th>
<th>Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__ Faculty __ Staff __ Alumni __ Student __ Other</td>
</tr>
</tbody>
</table>

### Secondary Member – General Information (if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
<th></th>
<th></th>
<th>Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>MI</td>
<td>Last</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>__ Household __ Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>E-mail:</th>
</tr>
</thead>
</table>

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**Locked Information - $40 full per year / $30 half per year**

A valid student, faculty, staff, alumni, or household membership to the Campus Recreation Center is required for locker rental. A maximum of 2 lockers per agreement (one for primary member and one for secondary member) is permitted. Full lockers measure 12x15x60 inches and half lockers measure 12x15x30 inches.

1. Locker A  
   - #_________  
   - F / H (circle)

2. Locker B  
   - # ________  
   - F / H (circle)

**Combination Assigned:** ______ - ______ - ______  
**Combination Assigned:** ______ - ______ - ______

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**Locker Agreement:** All lockers are the property of the Office of Campus Recreation. Lockers are to be used for legitimate recreational purposes. Certain occasions require our staff to check lockers for unreturned equipment and/or known safety/security issues. On these occasions, users will be notified. Lockers will be cleared annually; notifications and signage will be placed in the facility. Lockers not cleared will have contents removed and articles kept for 30 days at the Equipment Issue Desk, after which they will be discarded or given to charity.

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**Payment**

<table>
<thead>
<tr>
<th>Subtotals:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Locker A</td>
<td>($40 full or $30 half per yr.)</td>
<td>$___________</td>
<td></td>
</tr>
<tr>
<td>Locker B</td>
<td>($40 full or $30 half per yr.)</td>
<td>$___________</td>
<td></td>
</tr>
</tbody>
</table>

**Total**  
$___________  
**Team Member Initials**  

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**Payment Type:**  
**Credit Card Visa / MC / Discover**  
**Campus Card**  
**Cash**  
**Check (#_______)**

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**Locker services must be paid in full. Locker services can not be payroll deducted.**
**UAB Campus Recreation Center**  
**Membership Agreement**

*Valid UAB University Identification or UAB National Alumni Society Identification is required to purchase memberships.*

Date: ______________________  
Memberships are non-refundable.

**Membership Type(s) - memberships are non-refundable/annual commitment**

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Staff (Non-faculty)</th>
<th>Alumni*</th>
<th>Household</th>
<th>Student</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

*Membership in UAB National Alumni Society required

Primary Member must be classified and Secondary Member (if applicable) must show proof of address.

**Primary Member Information – faculty/staff - $360 per year; alumni - $540 per year**

Name (as recognized by UAB): _________________________________  
First                                             MI                                         Last
Blazer ID: ___________________________  Employee ID Number (from pay stub): ______________________________
Campus Address: ______________________________________________________________________  
Campus Phone Number: __________________________________________________________________
Home Address: _____________________________________  
City: ______________________ ST: ____  Zip: ___________
Home Phone Number: ___________________________  E-mail: _____________________________________________
Emergency Contact Information: ______________________________  
Name                                             Relationship  Phone

**Secondary Member Information – household member - $180 per year**

Name: ________________________________________  
First                                                       MI                                                             Last
Mailing Address: _____________________________________  
City: _____________________ ST: ____  Zip: ___________
Phone Number: ___________________________  E-mail: ___________________________
Emergency Contact Information: ______________________________  
Name                                             Relationship  Phone

**Dependant Information - $60 per year/per child * limited hours apply**

1) Name: ________________________________________  
First                                                       MI                                                             Last  
Birthdate: ____/____/____
2) Name: ________________________________________  
First                                                       MI                                                             Last  
Birthdate: ____/____/____
3) Name: ________________________________________  
First                                                       MI                                                             Last  
Birthdate: ____/____/____
4) Name: ________________________________________  
First                                                       MI                                                             Last  
Birthdate: ____/____/____

More info. required on reverse side.
### Payment

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Subtotal</th>
<th>Payment</th>
<th>Payment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Membership</td>
<td>($360)</td>
<td>$__________</td>
<td>___</td>
</tr>
<tr>
<td>(If Alumni)</td>
<td>($540)</td>
<td>___</td>
<td>___ Credit Card / Visa / MC / Discover</td>
</tr>
<tr>
<td>Secondary Membership</td>
<td>($180)</td>
<td>$__________</td>
<td>___</td>
</tr>
<tr>
<td>Dependent Membership</td>
<td>($60)</td>
<td>$__________</td>
<td>___</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$__________</td>
<td>Team Member Initials: ___________</td>
</tr>
</tbody>
</table>

### Waiver of Liability, Assumption of Risk, and Indemnify Agreement

**Waiver:** In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of the Office of Campus Recreation at the University of Alabama at Birmingham, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the University of Alabama at Birmingham, its officers, employees, and agents from liability from any and all claims including the negligence of The University of Alabama at Birmingham Office of Campus Recreation resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observations, and use of facilities, premises, or equipment.

**Assumption of Risk:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, the Office of Campus Recreation at the University of Alabama at Birmingham has facilities for and provides for activities such as weightlifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the Office of Campus Recreation at the University of Alabama at Birmingham. I hereby assert that my participation is voluntary and that I knowingly assume such risks.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold the University of Alabama at Birmingham harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees arising or resulting from my involvement at the University of Alabama at Birmingham and to reimburse them for any such expense incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law of the State of Alabama and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, indemnity agreement, and locker agreement (if applicable) fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I also agree to abide by all policies developed by the Office of Campus Recreation at the University of Alabama at Birmingham of which I have received a copy. Failure to do so may result in a suspension of my Campus Recreation Center membership and privileges.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Member</td>
<td>_____________</td>
</tr>
</tbody>
</table>
| Secondary Member        | _____________| (If applicable)
UAB Campus Recreation Center - Membership
Payroll Deduction Form for UAB Faculty/Staff – (or approved deducting agency)

Name (as recognized by UAB)
_________________________________________________________________________________
(First Name)                                           (M.I.)                                                             (Last Name)

Payroll Status         Employee ID Number
____ Monthly   ____ Bi-weekly   ______________________________

Payment
UAB faculty and staff members (or members from an approved deducting agency) choosing to purchase a
Campus Recreation Center membership using payroll deduction are required to pay for their first two months of
membership (current month and next month) via cash, check, CampusCard, or credit card. For example, if the
member joins on May 10th, the member would pay for the month of May, the month of June, and then out of their
June paycheck(s) would come the deduction for the month of July. This allows the Office of Campus Recreation
and the deducting agency adequate processing time to initiate the deduction.

Fees
The following fees can be payroll deducted. Please check all options that apply to this membership. A monthly
or bi-weekly charge (depending on your payroll status) will be calculated and appear as “Rec. Membership” on
your pay stub. If for some reason your current payroll has insufficient funds to cover your deduction, arrears will
be taken on the next payroll where sufficient funds exist. This deduction will recur until you end it. You must
fulfill an annual commitment before ending the deduction. Any changes to this deduction must be made in
person through the Office of Campus Recreation in Room 220. Please alert the Office of Campus Recreation if
your payroll status ever changes i.e. from bi-weekly to monthly or vice versa. If you leave the University before
your annual commitment expires, you will be billed by the Office of Campus Recreation for the remaining
balance on your membership account.

<table>
<thead>
<tr>
<th>Item</th>
<th>Payroll Deduction</th>
<th>Annual Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty/Staff Membership (primary)</td>
<td>$30</td>
<td>$15</td>
</tr>
<tr>
<td>Household Membership (secondary)</td>
<td>$15</td>
<td>$7.50</td>
</tr>
<tr>
<td>Dependant</td>
<td>$5</td>
<td>$2.50</td>
</tr>
</tbody>
</table>

(Check all that apply and total at the bottom.)

Total Annual Charge:  

Monthly or Bi-weekly deduction:  

Deduction Start Date:  

My signature below indicates that I have read and agreed to the above terms and conditions and authorizes the
“Rec. Membership” charge listed above to be deducted from my paycheck.

Signature: ____________________________________________   Date: ______________