

Any alteration of your card is cause of immediate revocation of privileges and loss of payment. Use of another's card is cause for loss of card and removal from premises.

I understand that the facilities covered by the Privilege Card are limited to the areas designated for Campus Recreation during scheduled facility times only. No one under the age of 18 is allowed in these facilities. I also agree to follow all policies, procedures and guidelines set forth by the Campus Recreation department for use of facilities and/or the staff directions for use of same.

I state that the information provided by me is true and accurate and I realize that providing false information is grounds for denial of my application, and agree that failure to follow the facility use guidelines mentioned above and any specific use policies governing each facility will also result in immediate loss of my privileges.

Date

Signature of Applicant

Student ID # (if applicable)

PLEASE READ AND SIGN ATTACHED WAIVER

**COLLEGE OF WILLIAM AND MARY
CAMPUS RECREATION**

LIABILITY WAIVER

I expressly understand and agree to indemnify and save the College of William and Mary and the Commonwealth of Virginia harmless from and against any and all claims, liabilities, costs, expenses, fires, injuries and/or deaths, which arise from or are caused by, in whole or in part, directly or indirectly, the use of College facilities or the activity hereby applied for by the applicant, its employees, servants, agents, invitees, or independent contractees. I further understand that use of College facilities, as a voluntary request, is made at the sole risk of the applicant, and that neither the Campus Recreation department, the College of William and Mary nor the Commonwealth of Virginia, make any representation, expressed or implied, as to the suitability or fitness of such facilities.

I acknowledge that I am in good physical condition and that I will not engage in any activities that may aggravate any present or future physical impairments that I have. I further agree to follow all policies set forth in this document. The Campus Recreation department **strongly** recommends that participants take a physical examination before signing.

****If you have any physical restrictions, your physician **MUST** approve your activity. This form must be accompanied by a letter from your physician approving your activity to include his/her name, address and signature.**

Signature of Applicant

Street Address

City, State and Zip Code

Date