COLLEGE OF WILLIAM AND MARY
APPLICATION FOR CAMPUS RECREATION PRIVILEGE CARD

Please read all policies prior to completing application.

CATEGORY: (check only one) (SEE ATTACHED FOR LIST OF FEES)

___ Active Duty Military
___ College Affiliate (describe): __________________________
___ Family Member of William and Mary faculty, permanent staff member or Privilege Card Holder (must be age 18 or older)
___ Non-College Affiliate (describe): ______________________
___ Spouse of currently enrolled William & Mary full-time student
___ VIMS Research Graduate Student
___ Visiting Scholar
___ Visiting Summer College Student
___ William & Mary Alumnus/Alumna
___ William & Mary Campus Recreation Alumnus/Alumna
___ William & Mary Mason Executive Partner
___ William & Mary Research Graduate Student

NOTE: If you have a current W&M ID card, please enter your ID number here: 930________

*NAME OF APPLICANT: ___________________ *PHONE: (cell) ___________________

*ADDRESS: ____________________________________________ *E-Mail: ______________

Street & No. ____________ City ____________ St ____________ Zip ____________

*BIRTHDATE: ________ *PHYSICAL RESTRICTIONS (if any) __________________ (See Liability Waiver)

*SPOUSE/FAMILY MEMBER INFORMATION (required if Family Member category is checked above):

Name: ___________________________ Relationship ________________________

Family member is: Student _____ Faculty/Staff _____ Privilege Card Holder _____

- Changes in status may affect membership.
- Fees are for individual spouse and family members of a William & Mary student, faculty, staff or Privilege Card holder, not family as a whole. Family members must be 18 years of age or older.
- William & Mary retirees must have worked for the state of Virginia for at least 10 years to be eligible for the discount. William & Mary retirees with a Faculty Emeritus status have access to the Rec Center, no additional fee.
- If William & Mary part-time student, registration in class must be for the duration of the membership period.
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
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 while 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