

# MOUNT HOLYOKE

Department of Physical Education and Athletics  
50 College Street, South Hadley, MA 01075-1431  
tel 413-538-2310 fax 413-538-2183

## KENDALL SPORTS AND DANCE COMPLEX MEMBERSHIP APPLICATION

### INSTRUCTIONS:

Fill out all information on this form, waiver, and rules sheet.

Return completed form to the Kendall Info Desk with payment.

Processing will take 1-2 weeks.

If you are renewing your card, you may continue to use your old card for up to one month past the expiration date.

Please paper clip exact cash or check made out to Mount Holyoke College. Please complete waiver and rules sheet.

Once your application has been processed, you will be notified by email to pick up your card at Auxiliary Services. Auxiliary Services hours are: Academic Year: M-F 8:30am-5:00pm and Summer 8:30am-4:00pm

### MEMBERSHIP QUALIFICATIONS AND COSTS:

\*Mount Holyoke College emeritus or retired staff (10+ yrs of service) and spouse/significant other:

The first membership from either person: \$150. The second membership for either person: \$75.

\* Mount Holyoke College current student's: parents/legal guardians \$150; spouse/significant other \$150; children (ages 16-26) \$50.

\* Mount Holyoke College alumnae and their spouses/significant others: \$200 each.

\* Orchards Golf Club Members: single membership \$300; family (2 people) membership \$400; children (ages 16-26) \$150

\* Cards are valid for one year from date of purchase and must be renewed at the Kendall Complex Info Desk.

### GUEST POLICY

Kendall members may bring up to one guest per visit, free of charge and must be accompanied by the member at ALL times.

Kendall members may bring in their own children, free of charge and must be accompanied by the member at ALL times

**Please complete the following the information. Incomplete forms will only delay processing.**

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Applicant Printed

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Street

\_\_\_\_\_ Phone

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Email

\_\_\_\_\_ Name of Emergency Contact and relationship to applicant

\_\_\_\_\_ Emergency Contact Phone

\_\_\_\_\_ Health Insurance Subscriber's Name

\_\_\_\_\_ Date of Birth

### Affiliation to MHC (check one that applies to you and complete information):

MHC Alumnae: Class of \_\_\_\_\_

Spouse of MHC Alumnae: Name of MHC alumnae \_\_\_\_\_ Class of \_\_\_\_\_

MHC emeritus/retired staff: MHC Dept \_\_\_\_\_

Spouse of MHC emeritus/retired staff: Name of retired employee: \_\_\_\_\_ MHC Dept \_\_\_\_\_

Current MHC student name: \_\_\_\_\_  Parent  Spouse  Child

Orchards Golf Course Member: Name of Member \_\_\_\_\_  Family  Child

Other: Description \_\_\_\_\_ Attach extra sheet if necessary. Processing could take longer.

-----  
**For office use ONLY**

**Dates of New Membership:** Beginning date: \_\_\_\_\_ End date: \_\_\_\_\_ **Kendall Member Since:** \_\_\_\_\_

**Method of Payment:** Amount: \$ \_\_\_\_\_  cash  check check number: \_\_\_\_\_

**Kendall staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Kendall Sports and Dance Complex Rules**

Only Mount Holyoke College students, MHC employee Kendall members, and Kendall members may utilize the Kendall Sports and Dance Complex and are required to swipe their OneCard at the Kendall Information Desk and at the Kendall Fitness Center at every visit.

Members and guests who utilize the Kendall Complex will be doing so at their own risk. Mount Holyoke College is not responsible for any injury that may occur to individuals participating in any exercise activity. Participation in exercise activity is on a voluntary basis. Consult with your physician before beginning any exercise routine.

All users of the Kendall Complex must abide by all posted rules in all areas.

Only one (1) guest per member allowed. Guests must be accompanied by member at all times.

Smoking and tobacco products are not permitted in the Kendall Complex.

All personal music players must be equipped with headphones.

Personal items, bags and other items are to be stored in lockers or cubby holes only and not on hallway floors. The Kendall Complex is not responsible for lost or stolen items.

Report damaged equipment and injuries immediately to Info Desk worker.

If at any time a member does not comply with the rules and/or the assistant on duty, the member will be asked to leave, and/or his/her fitness center privileges will be revoked. The Info Desk worker and/or the Fitness Center monitor on duty has the right to enlist the help of Campus Security when necessary.

### **Additional Fitness Area Rules**

Proper athletic attire must be worn at all times. Clean sneakers must be worn at all times. Absolutely no sandals, open toed or open-backed, or outside shoes are permitted.

Shirts must be worn. No sports-bras only. No jeans or jean shorts allowed.

Food and gum are not permitted. Only water is permitted, provided it is in a sealable, plastic container.

Wipe down equipment after each use and return weights to racks.

Weights or dumbbells may not be dropped on the floor or benches.

During busy times or whenever someone is waiting for a machine, there is a 30-minute time limit on all cardiovascular equipment.

Report damaged equipment and injuries immediately to the Fitness Center Monitor.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MOUNT HOLYOKE COLLEGE**  
**Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue**

**This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of using Mount Holyoke College facilities or participating in activities or events described below.**

Mount Holyoke College is a non-profit educational institution. References to Mount Holyoke College (henceforth referred to as Mount Holyoke) include Mount Holyoke College, its trustees, employees, volunteer workers, students, Student Government Organization and participating organizations, agents and assigns.

I freely choose to participate in the MHC Patron Card Program for one calendar year from date on application, henceforth referred to as the Program.

I understand that Mount Holyoke is not an agent of, and has no responsibility for, any third party including without limitation any sponsor which may provide any services including food, lodging, travel, or any equipment associated with the Program.

I agree that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for the Program and to provide what I will need. I agree make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue in any activity. I agree to limit my participation to reflect my personal fitness level. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do any thing that would pose a hazard to myself or to others, including using or ingesting any substance which could pose a hazard to myself or to others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in the Program.

Despite precautions, accidents and injuries can occur. I understand activities I may undertake may be potentially dangerous, and that I may be injured and/or lose or damage personal property as a result of participation in the Program. Therefore **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

X Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of participating in an activity or contact with physical surroundings or other persons; drowning; or as a result of natural disaster or other disturbances.

X Loss or injury or death as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention, arrest or other act of any government or authority

X Theft or loss of my personal property during the Program  
X Alteration including delay, extension or cancellation of the Program due to natural disaster, civil unrest, war, terrorist attack, medical quarantine or any other disturbances or causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Program and that the above list in no way limits the extent or reach of this release and covenant not to sue. I further understand that participating in this Program and use of the facilities at Mount Holyoke College is an acceptance of risk of injury or death.

**RELEASE FROM LIABILITY, INDEMNIFICATION AGREEMENT  
AND COVENANT NOT TO SUE**

In consideration of Mount Holyoke's permitting my use of their facilities, I the undersigned, to the fullest extent permitted by law, agree to forever release and on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, **HEREBY DO FOREVER RELEASE** Mount Holyoke from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I or my spouse, heirs, representatives, executors, administrators and assigns may now have, or have in the future against Mount Holyoke on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in the Program and/or the use of facilities, equipment, or services in association with the Program howsoever the injury is caused, whether by the negligence of Mount Holyoke or otherwise.

In consideration of Mount Holyoke's permitting my use of their facilities, I, the undersigned, **COVENANT NOT TO SUE** and agree to **INDEMNIFY AND HOLD HARMLESS** Mount Holyoke from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my participation in the Program and my use of facilities, equipment, or services in association with the Program. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Program and the use of facilities, equipment, or services in association with the Program, and that I am voluntarily assuming all risks, whether known or unknown.

I understand that I will be solely responsible for any loss or damage, including death, which I sustain or cause, whether in whole or in part, while participating in the Program and my use of facilities, equipment, or services in association with the Program, and that by this agreement I am relieving Mount Holyoke of any and all liability for such loss, damage or death.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that I am at least eighteen years of age and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will. This agreement is made in sole consideration of Mount Holyoke supporting my participation in the Program and my use of facilities, equipment, or services associated with the Program.

This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the Commonwealth of Massachusetts, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **IN WITNESS WHEREOF**, this instrument is duly executed at \_\_\_\_\_, \_\_\_\_\_ this day of \_\_\_\_\_, \_\_\_\_\_.

**AGREEMENT MUST BE WITNESSED IF PARTICIPANT IS OVER 18.**

**IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING**

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day/month/year

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

Participant Tel. No.: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_