

Price: 2 Options: 1) School year (September thru mid-June), \$250 per person 2) Full year (12 months), \$300 per person

(*Age 17 and over only) Cash and checks accepted. Make checks payable to: _____ . Registration can be dropped off in person or mailed to: Adelphi Campus Recreation – Woodruff 240, One South Ave., Garden City, NY 11530.

Membership policies and restrictions:

- This membership is valid only during Open Recreation swim times at Adelphi University’s Garden City Campus swimming pool. (See website for pool schedule - recreation.adelphi.edu)
- Completed registration, health screening and medical clearance forms are REQUIRED in order for memberships to be processed.
- Access to the pool is ~~Handing Step~~ our

program and in rare cases, refusal of participation may result if compliance is not feasible.

In consideration of being permitted to use Adelphi University’s Recreation Facilities I, _____, hereby release any and all rights and claims for damages I may have against Adelphi University, its’ agents, employees and volunteers for any and all injuries (including death) or other damages incurred or sustained as a result of my use of the Recreation Facilities. Furthermore, I shall indemnify and shall save harmless Adelphi University, its’ servants, agents and employees from and against any and all liability, loss, cost, expense or damage (including reasonable counsel fees for Adelphi University) and from and against any and all suits, claims and demands of every kind and nature, by or on behalf of any person, firm, association or corporation including punitive damages, arising out of or based upon any accident, injury or damage however occurring, which may happen on or about Adelphi University premises or arising out of my use of Adelphi University’s Recreation Facilities. I am aware of the inherent risks associated with physical activity and, to the best of my knowledge, I have no physical limitations that would preclude me from participating in the use of the Recreation Facilities.

Signature: _____ Date: _____