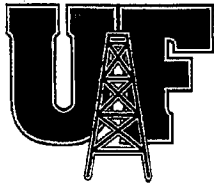


Date: \_\_\_\_\_

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

UF Card Number: \_\_\_\_\_



# Alumni Application

## The University of Findlay Cardio Center

### Member Information

\_\_\_\_\_  
Last Name                      First Name                      Maiden Name

\_\_\_\_\_  
Local Address

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

\_\_\_\_\_  
Email                                  Telephone                                  Date of Birth

\_\_\_\_\_  
Year Graduated from UF                                  Social Security #

\_\_\_\_\_  
Emergency Contact                                  Relationship

\_\_\_\_\_  
Emergency Contact Phone #                                  Shirt Size

### Fees and Payment

Alumni Membership.....\$ \_\_\_\_\_

Alumni Spouse Membership.....\$ \_\_\_\_\_

Total Cost.....\$ \_\_\_\_\_

#### Payment Options:

- Cash
- Check      \*Please make check payable to The University of Findlay

Signature of Alumni \_\_\_\_\_

Signature of Cardio Center Attendant \_\_\_\_\_

### Cardio Center Agreement to Participate

I wish to use the equipment in The University of Findlay Cardio Center. I acknowledge that I am in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in this event. I understand that if I am injured, I am responsible for my health care costs and I agree to release The University of Findlay, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury or illness resulting from my participation in this event. I also understand that the rules and regulations that govern student conduct will be in effect during this event.

**Facts concerning my medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Name (printed)

\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**\*\*The University of Findlay reserves the right to cancel the program at anytime and refund membership costs on a prorated basis.**

Return application to  
Bryan Golding  
The University of Findlay  
1000 North Main Street  
Findlay OH 45840

Questions: 419.434.4842