



Annual Membership Application Form

Primary Member:	Circle ID: Faculty/Staff New SAAC ID Replacement ID(\$10)
Address:	
City/State/Zip:	
Telephone Number:	
Email Address:	Have you had a SAAC membership before? YES NO

Annual memberships expire one year from the date of purchase; access granted to SAAC only. Annual members may be granted to WPEC pool from November 2 nd through March 31 st by request.			
	Individual	Family	Plus One
Faculty/Staff	[] \$288	[] \$500	[] \$410
Alumni/Affiliate	[] \$440	[] \$790	[] \$560
Community	[] \$570	[] \$1150	[] \$750
Student Spouse	N/A	[] \$395	[] \$175
Clairmont Campus Resident	[] \$0	[] \$0	N/A

EmoryCard holders will be given SAAC access via their EmoryCard. SAAC Members who are **16 and older** will receive a SAAC membership photo ID for entry. Caregivers must be 18 or older; family members must be under 26. No membership refunds.

Please print first and last names

	Age	Please circle ID needs below if applicable	
Spouse/Registered Partner:		New SAAC ID	Replacement ID (\$10)
Family Member (under 26):		New SAAC ID	Replacement ID (\$10)
Family Member (under 26):		New SAAC ID	Replacement ID (\$10)
Family Member (under 26):		New SAAC ID	Replacement ID (\$10)
Caregiver or Family Member:		New SAAC ID	Replacement ID (\$10)

Total ID Cost: \$ _____

Release, Covenant Not To Sue And Waiver: The fitness and recreational activities in which the participant identified below will be taking part involve an inherent risk of physical injury and the undersigned assumes all such risks. The undersigned hereby agrees that for the sole consideration of Emory University allowing the participant identified below to participate in such recreational and fitness activities for which, or in connection with which, the University has made available any equipment, facilities, grounds, or personnel for such activities, the undersigned does hereby release, covenant not to sue and forever discharge Emory University and its trustees, officers, agents, employees, students and volunteers of any and for all claims, demands, rights and personal injuries, damage to property, and the consequences thereof resulting from participation in, or in any way connected with such recreational and fitness activities. The undersigned understands that this Release, Covenant Not To Sue, Waiver and Assumption of Risk shall be effective unless and until Emory University receives written notice of revocation from the signatories hereto, which notice must be sent to the address listed above. By signing the document, the undersigned hereby acknowledges that he/she has read the above carefully before signing, and agrees to comply with all the above on (month) _____ (day) _____, (year) _____.

Signature: _____ Date: ____/____/____

For Office Use Only	
Amount Collected: \$ _____	Payment Method: CASH CHECK CREDIT
Entered in Database By: _____	Date Entered: ____/____/____
Begin Date: ____/____/____	Expiration Date: ____/____/____