

Membership Upgrade Form

(708)327-BFIT(2348) Fax: (708)327-3513

Date _____

Status Change _____ to _____

Member Name: _____ Account # _____

Member Signature: _____

Membership Upgrade :

New Member Name: _____ Date of Birth _____

Phone Number _____ Work Number _____

Emergency Contact Name & Number _____

Email Address _____

Driver's License or State ID Checked: _____

Health History Questionnaire Completed: _____

Enrollment Fee Paid \$: _____ First months dues Paid \$: _____

Facility Orientation Scheduled for: _____

EFFECTIVE DATE OF CHANGE _____

Monthly Dues will change from \$ _____ **to \$** _____

For Loyola Employees Only

Social Security Number: _____

Effective Date of change: _____

Payroll Frequency (circle one) 26 9 12

Monthly dues will change from \$ _____ to \$ _____

Variable Number will change from _____ to _____

New Taxable Benefit Amount (per pay period) _____

Loyola Center for Health & Fitness Waiver and Release

I acknowledge that I desire to voluntarily participate in activities at the Loyola Center for Health & Fitness ("LCHF") and to use LCHF's equipment and facilities. I hereby warrant and represent that I have no disability, impairment or ailment that will be detrimental to my health, safety or physical condition if I do participate in activities at LCHF or use LCHF's equipment and facilities. I acknowledge and understand that my participation in activities at LCHF, including without limitation, my use of LCHF's equipment and facilities, could cause injury to me. In consideration of my participation in any activities at LCHF, and my use of LCHF's Equipment and facilities, (I) I hereby assume all risks of injury which may result from or arise out of, my voluntary participation in activities at LCHF, and my use of its equipment and facilities, and (ii) I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to fully and forever waive, indemnify, hold harmless, release and discharge LCHF, Loyola University Chicago, its affiliates, including but not limited to Loyola University Medical Center and Loyola University Health System, and all of their respective officers, trustees, directors, employees, agents, successors and assigns, and each of them, from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from, or arising out of its equipment and facilities. I agree to abide by all of the rules and regulations of LCHF in effect during my participation in the activities at LCHF, and my use of LCHF's equipment and facilities.

New Member Signature: _____

Member Service Representative: _____