



## SUMMER MEMBERSHIP APPLICATION

Summer memberships are only available to full-time undergraduate and graduate students of the University of Pennsylvania and affiliate schools over age 21. For full-time affiliate students under age 21, please join as Summer Palestra Member (different application). The graduating class of 2018 may join as regular members and are not eligible for summer memberships.

Dr.  Mr.  Mrs.  Ms. **APPLICANT'S FULL NAME** \_\_\_\_\_

**FULL NAME WHEN ENROLLED** \_\_\_\_\_ *(if different from above)*

**AFFILIATION** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **YEAR** \_\_\_\_\_

I am applying for:

Summer Membership (must be over age 21) - \$150 plus tax includes gym access\*; membership from May 1 to Aug 31, 2018

\*To access the Palestra Fitness Center, please complete the Informed Consent Release Form

### SUMMER EMPLOYMENT/PROFESSIONAL INFORMATION: (all information required)

Firm/Employer: \_\_\_\_\_ Title: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

### PERSONAL INFORMATION: (all information required)

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status:    Single    Married    Please send all correspondence to:    Business    Home

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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### PAYMENT INFORMATION

(Payment must be submitted with application. **CREDIT CARD information REQUIRED** even if paying by check.)

American Express     MasterCard     VISA     Check (Number and Amount) \$163.31

Applicant/Cardholder Name (required) \_\_\_\_\_

Credit Card Number (required) \_\_\_\_\_ Exp. Date \_\_\_\_\_

All payments for membership must include **8.875%** New York State Sales Tax added to dues. Please make checks payable to **The Penn Club**. Valid credit card number must be provided for processing and verification of application. Membership is non-refundable and non-transferable. Please allow two weeks for processing of application. **Application must be completed IN FULL WITH PAYMENT to be processed.**

*I hereby apply for membership, and authorize The Penn Club of New York to make any necessary inquiries on the information listed on this application as well as to the University of Pennsylvania and/or any other educational institution to evaluate my application. I certify that I am currently a FULL-TIME student at The University of Pennsylvania and am over 21 years of age. If elected into membership, I agree to support and abide by the by-laws and house rules as set forth by The Penn Club of New York. I agree to provide The Penn Club of New York with my current mailing address and contact information when I move for timely billing and payment of my bills. I authorize The Penn Club of New York to charge my credit card on file for payment of house charges that are 90 days past due, including any applicable finance fees.*

Applicant's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Informed Consent Release Form**

Please read and sign the following:

I, the undersigned, wish to use the Palestra at The Penn Club, managed by Plus One Health Management, Inc. ("Plus One"), and I understand that the use of the Palestra is at my own risk.

I also understand there exists the possibility of certain changes occurring during exercise. They include abnormal blood pressure, rapid or slow heart beat, and in certain instances cardiac complications.

I agree that The Penn Club and Plus One shall not be liable or responsible for any injuries to me or changes in my physical condition resulting from my use of the Palestra during my exercise session.

I expressly release and discharge The Penn Club and Plus One and their principals, employees, agents and assigns from all claims, actions, and judgments which I or my heirs, executors, administrators and assigns may have or claim to have against The Penn Club and Plus One and / or their principals, employees, agents and assigns, for all injuries or other damage which may result from my use of the facility. This release shall be binding upon me, my heirs, executors, administrators and assigns.

The Penn Club and Plus One shall not be liable for the disappearance, loss or theft of, or damage to my personal property including money, negotiable securities, furs or jewelry even though such property may be lost, disappear, stolen, or damaged while stored in lockers located within the Palestra.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. This release shall apply to all my visits to the Palestra.

Name : \_\_\_\_\_ Member Number : \_\_\_\_\_

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

The Palestra is able to provide you with a free subscription to the popular "Better Letter" wellness internet newsletter:

Enter your e mail address here: \_\_\_\_\_ Check one:  text  html

I would like to receive other health and fitness information: \_\_\_\_\_ Check one:  Yes  No