



SUMMER MEMBERSHIP APPLICATION

Summer memberships are only available to full-time undergraduate and graduate students of the University of Pennsylvania and affiliate schools Class of 2023 ages 21 and over. For full-time affiliate students under age 21, please join as Summer Palestra Member (different application).

☐ 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) - \$200 plus tax includes gym access*; membership from May 1, 2022 to Aug 31, 2022

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: _____

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) \$217.75

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