

Last Name	First Name	Cell Phone	Home Phone	Age
Address		City	State	Zip
In an emergency, please contact:		Cell Phone	Other phone	
			<input type="checkbox"/> Community <input type="checkbox"/> Alum <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student	
I am with (member name):		Cell phone	Membership type	

- I understand that I must follow the guidelines outlined in the Luce Physical Activities Center's Rules and Regulations
- I have read and acknowledge the following with my signature:

Asbury University's Luce Physical Activities Center Liability Statement

Asbury University shall not be liable for any injuries, damages or other such losses which individuals may incur while using the Luce Activities Facilities or participating in Luce Activities Center Sports/ Recreation programs. Individuals specifically assume all risk of injuries, damages or other such losses while using any equipment in the facility at Asbury University premises. Participants waiver any and all claims against Asbury University, its trustees, officers, agents and employees for any such injuries, damages or other such losses.

Guest Signature	Date
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**CONTROL DESK ATTENDANT: Please remember to log below information and initial here: _____

Today's Date	Time	Amount Paid	Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check#: _____
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