

# Scripps College - Sallie Tiernan Field House Membership Application

New Membership     Renewal: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Female     Male    Picture #: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home/Local Address: \_\_\_\_\_

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

Telephone(Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_ Mobile : \_\_\_\_\_

No ID card     Scripps ID#: \_\_\_\_\_  HMC ID#: \_\_\_\_\_  
**(\$10.00 card fee)**     CMC ID#: \_\_\_\_\_  CUC ID#: \_\_\_\_\_  
 CGU ID#: \_\_\_\_\_  KGI ID#: \_\_\_\_\_

Affiliation:     Scripps     Harvey-Mudd     Claremont McKenna     Claremont Consortium     CGU     KGI

Student Partner/Spouse - please print partner/spouse name \_\_\_\_\_

Faculty Partner/Spouse - please print partner/spouse name \_\_\_\_\_

Staff Partner/Spouse - please print partner/spouse name \_\_\_\_\_

Alumni Partner/Spouse - please print partner/spouse name \_\_\_\_\_

**(Age Restrictions - 16 yrs building, 10 yrs pool, except summer months: June-August)**

Household Member of \_\_\_\_\_ Birthdate \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ (YR) \_\_\_\_\_

Household Member of \_\_\_\_\_ Birthdate \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ (YR) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_

I understand that my membership provides general access to Tiernan Field House, pool, and field. My membership does not include access and participation in the FITScripps and Group Fitness and Healthy Lifestyle classes, workshops, and seminars as these are for current Scripps students, faculty, and staff.

Signature \_\_\_\_\_

Tiernan Field House Membership Costs					
Scripps, HMC, CMC, Student, Faculty, Staff, Partner/Spouse and Household members; JSD and Denison Faculty, Staff, Emeriti; CUC Employee memberships are FREE during academic year. Summers - TCC Memberships					
CIRCLE Membership selection	TFH Card Fee	(1) semester	Academic Year	Annual Year	Summer only
Scripps, HMC, CMC, JSD, Denison, Partner/Spouse, and Household members (same address)	<b>10.00/card</b>	No Fee	No Fee	No Fee	TCC Membership
Scripps Alumnae	<b>10.00</b>	100.00	175.00	250.00	100.00
Scripps Alumnae Gold* (graduate in the last 10 years)	<b>10.00</b>	100.00	175.00	200.00	100.00
CGU, KGI Students, Faculty, Staff	<b>10.00</b>	150.00	275.00	450.00	150.00
TCC Membership	<b>10.00/card per member</b>	NA	NA	NA	Single - 150.00 (2) members - 250.00 Family (up to 5) - 300.00

Payment Type - Circle one                      PERSONAL CHECK                      CASH                      CLAREMONT CASH

**Student Office Use**

Amount Charged: \$ \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Staff Only:**

Name: \_\_\_\_\_ Card Ordered Date: \_\_\_\_\_ Card Pick-Up Date: \_\_\_\_\_

SCRIPPS COLLEGE  
TIERNAN FIELD HOUSE  
OFFICE OF THE DEAN OF STUDENTS  
FACILITY MEMBERSHIP

ACCEPTANCE OF RISK AND RELEASE

As a user of the Tiernan Field House facilities at Scripps College, I agree that participation in any activity in the facilities will be at my own discretion and judgment. I acknowledge that there are certain risks of physical injury which may arise from my use of the Tiernan Field House facilities (including death). I understand that the College does not provide health, accident or liability insurance to me as a user of the facilities. I agree to assume responsibility for, and release, waive and discharge the Scripps College, its officers, employees and agents from any and all liability arising out of, any such injuries, damages, theft of personal belongings or loss which I may sustain as a result of my use of the facilities, use of my picture for identification, and all activities connected with or associated with the facilities

I also certify that I am eligible for Tiernan Field House facilities membership because I am an undergraduate student, faculty member, staff employee, or graduate of the Claremont College, CGU & KGI, or a partner or a household member of one of these and I agree that I will cease to use the facilities if my status changes. I understand that should Scripps College discover that I have not satisfied any one of these requirements, it will terminate my use of the facilities without refund.

It is my express intent that this Acceptance of Risk and Release shall bind the members of my family, my heirs, estate, personal representatives and assigns. This agreement shall be construed in accordance with the laws of the State of California. I am 18 years of age or older (or am represented by my Guardian). I have read and fully understand the above Acceptance of Risk and Release and I have signed it voluntarily.

\_\_\_\_\_  
Participant (or Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant or Guardian