



Today's Date: _____

Name: _____ Gender: M ____ F ____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____ e-Mail Address: _____

Home Phone: _____ Would you like to receive our email alerts? ____ Yes ____ No

Cell Phone: _____ Would you like to receive text alerts? ____ Yes ____ No

Car Make/Model: _____ License Plate #: _____

EMERGENCY CONTACT

Contact's Name: _____ Home Phone: _____

Relationship to Self: _____ Work/Alt. Phone: _____

MEDICAL INFORMATION

Do any of these conditions apply to you?	YES	NO	
Vomiting (emesis)			Contraindicated
Open Wounds or non-healing ulcers			Contraindicated
Bowel Incontinence/Diarrhea			Contraindicated
Contagious Skin Conditions			Contraindicated
High Fever			Contraindicated
Infectious Diseases			Contraindicated
Ear or Eye Infections			Contraindicated
Urinary Infections			Contraindicated
Perforated Eardrum			Contraindicated
Chlorine Allergy			Contraindicated
Seizure Disorder (not controlled by medication)			Requires physician approval
Pregnancy			Requires physician approval
Recent Chemo/Radiation Therapy			Requires physician approval
Heart Disease (not controlled by medication)			Requires physician approval
Bladder Incontinence			Requires use of REUSABLE swim retainer
Any Open Catheter/Ostomy/Trach/etc.			Check with your physician for proper infection control

Office Use Only: Member ID _____ Parking Permit ID _____

AGREEMENT AND RELEASE FROM LIABILITY

By initialing in the space provided and signing below, I am acknowledging that I have read and understand the following:

PATRON AGREEMENT OF CODE OF CONDUCT AND POLICIES AND PROCEDURES

_____ I have read and understand the attached Timpany Center Code of Conduct and Policies and Procedures. I understand and agree that the use of the Timpany Center is a privilege and that I must comply with the Code of Conduct and Policies and Procedures in order to use the facility and participate in its programs. I understand and agree that violations of this code and these policies may result in the revocation of my right to access and participate in the Timpany Center programs and the forfeiture of any membership, class, or other fees that have been paid.

VOLUNTARY PARTICIPATION

_____ I hereby acknowledge that I have voluntarily applied to use the Timpany Center located at 730 Empey Way, San Jose, California 95128, to participate in various sporting activities in the facility, including, but not limited to, activities in the swimming pools and gymnasium.

ASSUMPTION OF RISK

_____ I am aware that aquatic-based and/or land-based recreational activities can be hazardous. I am voluntarily participating in these activities with knowledge of the danger involved. I hereby agree to accept any and all risks of injury or death.

LIABILITY RELEASE

_____ As consideration for being permitted by San Jose State University (SJSU) or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I and/or my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of SJSU and/or any of its current and former employees, agents, or contractors or any of its affiliated organizations as a result of my access to the Timpany Center and/or my participation in aquatic-based and/or land-based recreational activities at the Timpany Center. I hereby release SJSU and/or any of its current and former employees, agents, or contractors and/or any of its affiliated organizations from all actions, claims, or demands that I, my assignees, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage, howsoever caused, resulting from my access to and/or participation in aquatic-based and/or land-based recreational activities.

MEDIA RELEASE

_____ I hereby certify that I am an adult over the age of eighteen years and I hereby consent that any film, photographs, videotapes, and/or sound recordings made of me by Timpany Center may be used by SJSU and/or its affiliates, and those acting with its permission, for the purpose of illustrations, publications, or broadcasts in connection with promotion of the work of and for the Timpany Center.

COMPLETION OF ALL PAPERWORK

_____ I agree that I will complete any other paperwork necessary to complete the participant inquiry process.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Timpany Center, the San Jose State Research Foundation, San Jose State University and/or its affiliated organizations, and Santa Clara County, and hereby sign it of my own free will. I understand that, if I do not sign this Agreement, I will not be granted access to the facility and will not be allowed to participate in its programs.

DATE: _____