



FACULTY AND STAFF PAYROLL DEDUCTION FORM

THIS FORM IS FOR FULL-TIME PERMANENT AND TEMPORARY EMPLOYEES ONLY

Name: _____ Banner ID: _____

NCCU Email: _____ Work Phone Number: _____

Department: _____ Date: _____

I authorize a payroll deduction (code 796) for my Campus Recreation Membership as follows:

☐ **50 Faculty/Staff Membership** (\$10/month) (12 deductions of \$10 for a total of \$120/year)

***Note:** The 50 above is a code for the payroll office. By checking the box, you are signing up to pay \$10/month.

I understand that a Recreation and Wellness (RecWell) membership is a **one-year commitment**. The payroll deduction will continue until I contact RecWell and the Payroll Office to cancel the deduction. Recreation and Wellness will also notify the Payroll Office to cancel the deduction as well. For a membership cancellation to be final, you must fill out the Membership Cancellation form which may be obtained from the RecWell office or by emailing the staff member below. Any cancellations received in the Payroll Office after the 5th of the month will be processed for the following payroll.

My initials indicate that I have read and understood that this is a one-year commitment and the actions that I must take to cancel my payroll deduction. _____

Please contact Princess Jackson at ext. 5471 or pjacks38@nccu.edu if you have any questions or concerns.

Member Signature

Date

Recreation and Wellness Signature

Date

For Payroll Office Use Only

For deposits, please use FUND: 304160 | ORG: 40160 | ACCOUNT: 504700 | PROGRAM: 160



MEMBERSHIP ENROLLMENT FORM

Primary Membership Information:

Name: _____ Pronouns: _____

Birth Date: _____ Banner ID: _____

NCCU Email: _____

Home Address: _____ State: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Department: _____

Do you want to sign up to receive RecWell's bi-semesterly member newsletter? Yes No

WE ARE NOT OFFERING PLUS-ONE MEMBERSHIPS AT THIS TIME.

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Office Use Only:

Primary Membership Type: ☐ Faculty/Staff ☐ Alumni ☐ Punch Pass ☐ Free Trial

Membership Start Date: _____ ☐ 1 Year Paid in Full

Form Completed By: _____ Date: _____

MEMBERSHIP TERMS AND CONDITIONS

Please initial next to each term to acknowledge that you have read and understood the following terms and conditions.

Annual Contract Membership: This membership is based on an initial one-year contract where fees must be payroll deducted monthly. After the initial first year, monthly membership fees will continue to be payroll deducted on a month-to-month basis. After the initial first year, membership can be canceled at any time with written notice to RecWell. The initial contract period is one year from the date of joining. Cancellation during the initial one-year contract period will only be permitted in cases of physician-verified illness, a move out of the 50-mile radius from NCCU, or employment termination. A \$50 service fee will apply to all cancellations during the initial one-year period. **Initial** _____

Refunds: Membership fees are non-refundable unless canceled within three days of purchase. **Initial** _____

Cancellations: Membership cancellation notification must be submitted in writing on the Membership Cancellation Form and must be received by Recreation and Wellness by the 5th of the month prior to the desired cancelation month. You may obtain this form by contacting the RecWell office. Your payroll deduction will not be canceled until we receive this form! Cancellation during the initial one-year period will only be permitted in cases of physician-verified illness, move out of the 50-mile radius from NCCU, or employment termination. A \$50 service fee will apply to all cancellations during the initial one-year contract period. **Initial** _____

Hours of Operation: Hours of operation are subject to change based on university holidays and breaks, facility maintenance, adverse weather, events, and emergency situations. We rely on student staff for our day-to-day operations therefore, hours are likely to be reduced during breaks and in the summer as these are the times when there are fewer students on campus. RecWell will notify all members of schedule changes via email in a timely manner. **Initial** _____

Rates: All rates are subject to change. RecWell will notify all members of rate changes at least a month in advance. **Initial** _____

NCCU Department of Recreation and Wellness

Informed Consent, Liability Waiver, Indemnification, and Agreement for Emergency Medical Treatment

I voluntarily consent to participate in recreation activities at the NCCU Walker Complex. I acknowledge and understand that it is my sole responsibility to consult with a physician prior to participating, to decline, decrease or cease participation in the event of illness, injury or other medical condition. I understand that the staff may reduce or stop my participation in the best interest of my safety and well-being. I understand that it is solely my responsibility to seek and receive insurance, medical evaluation, and treatment for any symptoms that may arise out of or are related to my participation. I acknowledge and understand that NCCU is self-insured and will not provide insurance. I further agree to abide by all NCCU and Campus Recreation policies and procedures.

I understand that injury or medical conditions are inherent risks associated with recreational activity. Propensity for injury depends on individual fitness, conditioning, and experience, as well as the nature of the activity and degree of reasonable and expected contact. Injuries may include, but are not limited to, loss of wind, muscle cramps, sudden illness, abrasions, loss of consciousness, heat stroke, heat exhaustion, injuries to muscles, ligaments, tendons, and joints of the body, such as shoulder, rotator cuff, arms, lower back, knees, legs and ankles, broken bones, or stoppage of breathing. I further understand that medical conditions may include, but are not limited to, abnormal blood pressure, fainting, dizziness, disorders of the heart, and rare instances of paralysis, stroke, or death. In the event of a medical emergency, I hereby consent to transportation and emergency medical treatment arising out of or relating to participation at the Walker Complex.

In consideration of all of the notices contained herein, it is my express desire to participate in the recreation activities at my own risk. In consideration of my participation in the activities and use of its facilities and equipment, I hereby voluntarily release, hold harmless, and forever discharge NCCU and its trustees, officers, agents, employees, representatives, executors, and successors of all of the above, on behalf of myself and my successors and assigns, from any and all liability for injuries or damages I may incur or cause in connection with or arising out of my participation in the Walker Complex. By signing below, I acknowledge that I have read and understand this document in its entirety and hereby voluntarily consent to all of its provisions.

Name

Signature

Date