



RECREATION CENTER
TSC • UTRGV

2000 W. University Blvd. • Brownsville, Texas 78520 • (956) 295-3710 • www.tsc.edu

Application for Membership

Applicant Name: _____ ID#: _____ Date: _____

Type of Membership:

- TSC Faculty/Staff TSC Faculty/Staff Spouse Spouse Name: _____
- UTRGV Faculty/Staff UTRGV Faculty/Staff Spouse Spouse Name: _____
- TSC/UTB/UTRGV Alumni (*must submit copy of degree*) Graduated: Fall Spring Summer Year: _____

Street Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____

I, the named participant/member, am eighteen years of age or older and have voluntarily engaged in use and utilization of the TSC Recreation Center or its programs and services. I acknowledge that the nature of participation may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. In consideration of my participation and use of the facility, all equipment, and program/services, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any illness or injury to my person, including my death, that may result from or occur during my use and utilization of the TSC Recreation Center or its programs and services, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise.

I further agree to indemnify and hold harmless the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while utilizing the TSC Recreation Center, its equipment, facilities and programs.

I have carefully read this agreement and understand it to be a release of all claims and causes of action from my injury or death or damage to my property that occurs while participating in the described activity and it obligates me to indemnify the parties named for any liability from my injury or death or damage to my property caused by my negligent or intentional act or omission.

Applicant Signature: _____ Date: _____

Recreation Center:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Staff: _____	Date: _____
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Cashiers:

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