

MEMBERSHIP FEES ARE NOT TRANSFERABLE OR REFUNDABLE



573-897-5290

www.linnstate.edu

Linn State Technical College - Activity Center MEMBERSHIP APPLICATION

One Technology Drive, Linn, Missouri 65051-9607

Enrollment Date: _____

Membership ID #: _____

APPLICANT (Check one): MARITAL STATUS - Married Single

Last Name	First Name	Mailing Address	City/State/Zip	
Date of Birth	Gender	Home Phone	Employer/School	Business Phone
	M/F			
		Email Address:		

SPOUSE

Last Name	First Name	Mailing Address	City/State/Zip	
Date of Birth	Gender	Home Phone	Employer/School	Business Phone
	M/F			
		Email Address:		

***FAMILY MEMBERS** *18 years old and younger, 18-25 years old must provide current college schedule with 12 credit hours or must have own adult membership.

* Family members must be claimed as a dependent on your tax return.

Last Name	First Name	Date of Birth	Gender	School
			M/F	
			M/F	
			M/F	
			M/F	
			M/F	

IN CASE OF EMERGENCY, PLEASE NOTIFY (A person not living with you):

Name	Relationship	Home Number	Business Number

What brought you to the Activity Center?
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LSTC Mission Statement
<i>Linn State Technical College prepares students for profitable employment and a life of learning.</i>

Release

Liability Waiver: I understand that Linn State Technical College assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge Linn State Technical College, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

Property Loss: I understand that Linn State Technical College is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using Linn State Technical College facilities or on Linn State Technical College program premises.

Photography Permission: I give my permission for Linn State Technical College to use, without limitations or obligations, photographs, film footage, or tape recordings which may include my image or voice for purpose to promoting or interpreting Linn State Technical College programs.

Insurance: I understand it is my responsibility to provide for my own (and other members of my family, if applicable) accident and health coverage while participating in all Linn State Technical College activities. Linn State Technical College does not provide any accident or health insurance for its participants.

Medical Release: I authorize Linn State Technical College, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize Linn State Technical College to give first aid, CPR or other treatment by a qualified staff member.

Medical Clearance: If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete an Informed Consent Waiver which may be obtained from the Linn State Technical College office or Activity Center front desk.

1. Has a doctor ever informed you that you have high blood pressure? 2. Have you ever had a heart attack, heart surgery, or any type of heart problem? 3. Do you have any serious orthopedic problems? 4. Are you pregnant? 5. Is there any reason why you believe you should not be engaged in exercise?

Acceptance: This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership stated above. If any portion of this waiver is held to be invalid, I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

In witness whereof, I have executed this request and release on this _____ day of _____, 20_____.

 Applicant (18 years or older)

 Parent or Guardian, If Minor

 Spouse

FOR OFFICE USE ONLY

MEMBERSHIP TYPE (Circle one): Family SP Family Adult Senior Couple Senior Adult Non LSTC Student

Check if applicable:

LSTC Alumni (20% Discount)

LSTC Retiree

Corporate Group - Business Name _____

	Fees Paid	Payment Method	Credit Card Information
Joining Fee		Check # _____ Cash _____ Charge _____	Credit Card # _____
Membership Fee			CC Type _____
Total Owed			CC Expiration _____
Total Paid			Signature (CC only) _____
Receipt Number			
Monthly Bankdraft			
Staff Initials			