



Shannon Center Membership

Membership:	12 Month	6 Month	3 Month
SXU Alumni	\$260	\$160	\$110
Community, Police/Fire	\$260	\$160	\$110
Community 55+ (Track Only)	\$200	\$125	\$90
Current SXU Students	Included with Tuition		
SXU Faculty/Staff + Spouse	Included with Benefits		
Non SXU College Student	Winter Break - \$35	Spring Break - \$35	Summer Break - \$75
Guest Passes:	1 Day Pass - \$10		10 Visit Pass - \$75

Membership: _____ **Date:** _____

Member Information:

First: _____ **Last:** _____ **DOB:** ___/___/___

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____ **Cell Phone:** _____

Fully Vaccinated (please circle): YES NO

Must Show Card to Verify

All Shannon Center users must be over the age of 18 and have a signed waiver on file before using the Facility, please see the reverse side to sign waiver.

THE SHANNON CENTER - CONSENT AND WAIVER

I desire to participate at The Shannon Center at Saint Xavier University. I am fully aware of the hazards connected with participating. I knowingly and voluntarily assume the risk of any injuries, regardless of severity, that I may incur to myself and all risk of damage to or loss of property which may occur as a result of my participation at The Shannon Center or that may result when I am traveling in a personal vehicle to and from The Shannon Center.

I verify that I have no physical disabilities, impairments, or chemical dependencies that might inhibit my participation at the Shannon Center.

I, for myself, my heirs, successor and assigns, do hereby release, discharge, and waive any and all responsibility of the Board of Trustees of Saint Xavier University, its officers, agents, representatives, and employees from and against all forms of liability for any and all trauma, injury, damage, expense, handicap, disability, and for damage to or loss of property which may be suffered by myself arising out of or in any way resulting from or attributable in whole or in part to my traveling to or from, training for, using any sports equipment, or participating in the above named program. No judgment of my health was exercised by Saint Xavier University in allowing me to participate at The Shannon Center.

I agree to abide by The Shannon Center membership rules and regulations regarding any and all of my participation in this facility. This informed Consent and Waiver agreement will be construed under and pursuant to the laws of the State of Illinois.

I, the undersigned, am at least 18 years of age, am competent to sign this consent, release, and waiver and have read and understood all the provisions contained herein.

CAREFULLY READ BEFORE SIGNING

Print/Sign: _____ Date: _____

In case of emergency, notify: _____

Emergency contact phone # _____

Witnessed by (Staff) _____ Date: _____

BOTTOM PORTION TO BE FILLED OUT BY A SHANNON ATHLETIC CENTER MANAGER

Staff Initials _____	Date _____
Membership Type _____	Total Amount \$ _____
Amount Paid (25% Deposit required): _____	Amount Owed: _____
\$ _____ to be paid monthly, due by the _____ of the month.	
Membership Expiration Date: _____	