



Cornell University

Cornell Wellness
305 Helen Newman Hall
Ithaca, NY 14853
Phone 607-255-5133
Fax 607-254-2755

Wellness Recreation Membership Application

Form with fields: Cornell University ID Number, Today's Date, Name, Department, Work Address, Work Phone, Email Address, Home Address, Home Phone, and contact mode options.

Status (check one)

- Staff, Faculty, Spouse/Partner, Retiree, Affiliate, Retiree Spouse/Partner, Other, Emeritus Faculty

Membership Type

- 1-Year Wellness Recreation Membership, 4-Month Wellness Recreation Membership, 1-Year Group Fitness Only Class Pass, Cornell Program for Healthy Living/Aetna (CPHL) Wellness Recreation Membership

Use Your Cornell ID Card For:

- Issue Room Amenities, Open Lap Swimming, Group Fitness Participation, Classes for Healthy Living Participation

Starting Options (included with 1-Year and 4-Month Memberships)

Meetings with the Cornell Wellness staff are encouraged and are free. Please indicate your choice for your first interaction. We will call/email you to set up an appointment.
I will get started on my own with the understanding that I may request any of the appointments listed below at any time during my membership
Fitness consultation with a personal trainer
Nutrition counseling with a registered dietitian

For Office Use: Activation Date, List Serve, E-mailed, Payroll Deduction, CPHL, Check, Credit Card

## Basket and Lockers

**Day use lockers** are available to members in the men's and women's locker rooms. You can bring a personal lock for such use, however it may only be used while you are using the facility.

Small baskets with locks are available at no charge to 1-Year Wellness Recreation and CPHL Wellness Recreation Membership holders upon request. **To request a basket** contact Cornell Wellness at [wellness@cornell.edu](mailto:wellness@cornell.edu). **To rent a larger locker**, contact Brian Allis at [ba23@cornell.edu](mailto:ba23@cornell.edu). Half lockers are \$50/academic year or whole lockers \$75/academic year.

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## Payment Information

\_\_\_\_\_ **Payroll Deduction** (Available to Cornell employees only for the 1-Year Membership)

I, the undersigned, voluntarily request that Cornell deduct the Wellness Recreation Membership fee from my wages throughout my continued membership. I understand payroll deduction is an optional payment plan and does not affect my obligation to pay the entire amount.

Are you: \_\_\_\_\_ Hourly \_\_\_\_\_ Salaried

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **Cornell Program for Healthy Living/Aetna (CPHL) - no charge**

(eligibility: this option is only available to the Cornell employee)

\_\_\_\_\_ **Credit Card or Check** Please contact our main office in Helen Newman Hall, either in person or by phone at (607) 255-5133 with payment information. Your membership will not be activated until you have contacted us.

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## Scholarships

\_\_\_\_\_ **I would like to request a scholarship form**

A limited number of reduced fee scholarships are available to Cornell employees based on gross family income and need. Scholarship forms available by request or available on the Cornell Wellness website. If you request a scholarship, your membership will not be activated until your form is completed and approved.

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## Membership Terms and Consent

- I have taken and understand the [PAR Q readiness for activity questionnaire](#). I will follow its recommendations.
- Memberships run from July 1 through June 30 annually. New members starting mid-cycle will have the fee prorated accordingly. Renewals are automatic.
- I do hereby agree to abide by the policies and procedures of the Cornell Fitness Centers and Cornell Wellness. Cornell Wellness reserves the right to revoke any membership at any time. In this case, unused membership fees will be refunded.
- Payroll deduction will spread out payments that add up to the yearly goal amount according to the individual's pay schedule starting July 1 of each year. Deductions are \$7.29 per pay period for a 24 paycheck cycle and \$6.73 per pay period for a 26 paycheck cycle.
- All members will have the opportunity to cancel their memberships prior to July 1 automatic renewal. You may request to *discontinue* your membership between June 1 and June 30 of each year.
- **1-year Memberships are non refundable unless member leaves Cornell or provides a medical note.**
- Lack of participation does not eliminate the responsibility for payment.
- Other circumstances that require cancellation must be approved by the Cornell Wellness Director, and will be subject to a \$30 cancellation fee.
- I understand that Cornell University makes no assurances, implied or otherwise, that the program will completely or accurately assess my health status, as this field is not always an exact science. In addition, I agree on behalf of myself, my assigns, executors, and heirs, to release, hold harmless, and indemnify Cornell University, its Trustees, Officers, Agents, and employees from any and all liability, damage, claim or loss of any nature whatsoever arising out of or in anyway related to my Wellness Recreation Membership participation except those things due to the sole and active negligence of Cornell University.

**By signing, I agree to the terms of the Wellness Recreation Membership policies listed above for the duration of my Wellness Recreation Membership.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_