Wellness Recreation Membership Application

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<th>Cornell University ID Number:</th>
<th>Today’s Date:</th>
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<tr>
<td>Name:</td>
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<td>Department (if applicable):</td>
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<td>Cell or Other Phone #:</td>
<td>E-mail Address:</td>
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Please indicate preferred contact mode (circle one): work phone home phone email

Status (check one)

- _____ Staff
- _____ Faculty
- _____ Affiliate
- _____ Cornell Athletics employee
- _____ Emeritus Faculty
- _____ Retiree
- _____ Cornell Trustee
- _____ Spouse/Partner of employee or retiree (eligibility: same as required for University benefits)
- _____ Other: ____________________________

Membership Type (check one)

- _____ 1-Year Wellness Recreation Membership - $175, prorated and runs from date of purchase through June 30 of fiscal year
- _____ 4-Month Wellness Recreation Membership - $75, runs 4 months from date of purchase (Can only be paid by credit card or check)
- _____ 1-Year Wellness Group Fitness Only Class Pass - $115, runs 1 year from date of purchase (Can only be paid by credit card or check)
- _____ Cornell Program for Healthy Living/Aetna (CPHL) Wellness Recreation Membership (This option is only available to the Cornell benefits eligible employee who has Aetna CPHL health insurance).
- _____ Emeritus faculty, Cornell Trustee, or Cornell Athletics employee or spouse/partner

Day use lockers are available to members in the Helen Newman Hall and Teagle Hall locker rooms. You can bring a personal lock for use, however it may only be used while you are using the facility.

Payment Information Options (check one)

- _____ Payroll Deduction
  (Available to Cornell employees only). (Only available on 1-Year Wellness Recreation Membership type)

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 or _____ Salaried

Signature: __________________________________________ Date: ______________
Credit Card or Check
(Email wellness@cornell.edu to make arrangements for payment by credit card or mail check to 305 Helen Newman Hall)

Cornell Program for Healthy Living/Aetna (CPHL) Wellness Recreation Membership
(No charge to you. Membership fee is reimbursed up front through your CPHL Aetna insurance plan). (This option is only available to the Cornell employee who has Aetna CPHL health insurance)

Emeritus faculty, Cornell Trustee or Cornell Athletics employee

Scholarship
(I am emailing a Scholarship Application to wellness@cornell.edu or mailing it to the Wellness Administrative office, room 305 Helen Newman Hall for your review to help off-set the cost of a 1-Year Wellness Recreation Membership. I understand that I will be contacted if there is any outstanding membership fee still due). (Scholarship forms are available on the Cornell wellness website wellness.cornell.edu).

Membership Policies and Informed Consent
- Employees using payroll deduction or paying by check or credit card will be rolled into a fiscal year membership running from July 1 through June 30.
- Payroll deduction will automatically spread out payments that add up to the yearly goal amount according to the individuals pay schedule. Payments will be taken out 24 or 26 times throughout the fiscal year depending on your pay cycle.
- All members will have the opportunity to cancel their memberships prior to the July 1 rollover. This typically takes place June 1 through June 30.
- If you have any questions about your membership or a special circumstance, contact wellness@cornell.edu.
- 1-year memberships are non-refundable unless the member leaves Cornell or submits a doctor’s note. Please note: Refunds, however, are available due to the pandemic. Contact wellness@cornell.edu to inquire about a pandemic-related refund.
- Lack of participation does not eliminate this responsibility. In some instances we may reimburse a member who leaves the University or is unable to participate because of a medical reason. In these situations members will only be reimbursed for the remaining time on the membership and only from the time we are made aware of the situation. Please note: Refunds, however, are available due to the pandemic. Contact wellness@cornell.edu to inquire about a pandemic-related refund.
- Other circumstances that require cancellation must be approved by Cornell Wellness, and will be subject to a $30 cancellation fee. Cancellations without a fee, however, are available due to the pandemic. Contact wellness@cornell.edu to inquire about a pandemic-related fee cancellation.
- All membership types are available to employees based on primary status assigned by Registrar's office (employee vs. student) as indicated on the Cornell ID card. Employees who are enrolled in the EDP and taking classes still have a primary designation as staff/faculty on their ID card, and therefore are eligible to purchase Wellness Memberships but are not eligible to purchase CFC student memberships. Students whose primary designation at the Registrar's office is as a student (even if working part-time as an employee) and whose ID card says student, are not eligible to purchase any type of Wellness Memberships.
- Informed Consent: 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 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 and Informed Consent listed above for the duration of my Wellness Recreation Membership.

Signature: __________________________ Date: ________________

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