



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 (if applicable), Cell or Other Phone #, E-mail Address, and a row for preferred contact mode (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 Types (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

Membership Payment Options (check one)

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

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 or call (607) 255-5133 to make arrangements for payment by credit card/check; or stop by the Wellness Administrative office, room 305 Helen Newman Hall, M-F 9am-2pm, 3pm-5pm to remit payment)

_____ **Emeritus faculty, Cornell Trustee or Cornell Athletics employee**

_____ **Scholarship**

(I am emailing a Scholarship Application to wellness@cornell.edu or dropping it off at the Wellness Administrative office, room 305 Helen Newman Hall, M-F 9am-2pm, 3pm-5pm to submit 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)

Optional Free Wellness Consultations (check one or more if you are interested in having a Wellness staff professional contact you to schedule a meeting/s)

_____ Fitness consultation _____ Nutrition consultation _____ General health & wellness consultation
_____ Tobacco/smoking cessation session _____ General fitness & nutrition education session

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.

Membership Policies, Waiver, Assumption Of Risk, and Informed Consent

• **Membership Policies:**

- 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.
- 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.
- Other circumstances that require cancellation must be approved by Cornell Wellness, and will be subject to a \$30 cancellation fee.
- I do hereby agree 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.
- 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.
- Live streaming of Wellness' Healthy Living Program on-campus in-person classes may occur

- **GINA Waiver:** The Genetic Information Nondiscrimination act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. However, an exception is made when an employer offers health or genetic services to an employee, such as a wellness program, and the employee voluntarily discloses genetic information after providing a compliant written authorization. In order to comply with this law, we are asking that you confirm by signing below that any genetic information about yourself or medical information related to your family history you provide in a Cornell wellness program is knowingly and voluntarily provided for purposes of the wellness program. I understand that information I provide to the Wellness program will be used only by the Wellness Program and will not be shared with any other Cornell entity.

- **COVID- 19 Assumption of Risk, Waiver, and Release of Liability:** I understand and acknowledge that COVID-19 is a global pandemic and a public health risk. I understand that the risk of becoming exposed to or

infected by COVID-19 at Cornell University may arise from the actions, omissions, or negligence of myself and/or others. I recognize that the Cornell cannot limit all potential sources of COVID-19 infection. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19, for myself, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, and students (the "Released Parties") from all present and future claims of any type, including negligence, for any harm or loss, including but not limited to, economic loss, personal injury, disease, death or property damage suffered by me or my family, as a result of my participation in a Cornell University program, camp, or activity or as a result of my presence on Cornell University's campus (the "Activities"). I agree to indemnify, hold harmless, and covenant not to sue the Released Parties for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of the Activities.

- **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 any way 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 Membership Policies, Waiver, Assumption Of Risk, 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	Schol	Em/Tr/Athl