

**MEMBERSHIP FEES ARE NOT TRANSFERABLE OR REFUNDABLE**



**State Technical College of Missouri - Activity Center  
MEMBERSHIP APPLICATION**

One Technology Drive, Linn, Missouri 65051-9607  
573-897-5290 - www.statetechmo.edu

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
	M/F		
		Email Address:	

**SPOUSE**

Last Name	First Name	Mailing Address	City/State/Zip
Date of Birth	Gender	Home Phone	Employer/School
	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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<b>STC Mission Statement</b>
<i>State Technical College of Missouri prepares students for profitable employment and a life of learning.</i>

### Release

**Liability Waiver:** I understand that State Technical College of Missouri 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 State Technical College of Missouri, 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 State Technical College of Missouri is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using State Technical College of Missouri facilities or on State Technical College of Missouri program premises.

**Photography Permission:** I give my permission for State Technical College of Missouri 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 State Technical College of Missouri 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 State Technical College of Missouri activities. State Technical College of Missouri does not provide any accident or health insurance for its participants.

**Medical Release:** I authorize State Technical College of Missouri, 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 State Technical College of Missouri 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 State Technical College of Missouri 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 STC Student

Check if applicable:

- STC Alumni (20% Discount)
- STC 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			