



Payroll Deduction Enrollment Form

clemson.edu/campusrec

Employee Name: _____

Phone: _____ Email: _____ Employee ID #: _____

Address: _____

Department #: _____ Department Name: _____

I wish to: Enroll in a new FIKE deduction type

I am a: 9-month employee 12-month employee

Note: Student employees and intermittent employees are not eligible for this benefit. The final determination for benefit eligibility will be made by Clemson University Human Resources Department. This form must be processed and approved by Campus Recreation and then presented to payroll for enrollment, changes, or cancellation of this benefit.

	Annual Rate	9-month Employee Rate ⁽¹⁾	12-month Employee Rate ⁽¹⁾
Employee Membership	\$210	\$13.12 (FIK9MO)	\$8.75 (FIKEMO)
Employee Military or Veteran ⁽²⁾	\$189	\$10.50 (FIK9MV)	\$7.86 (FIKEMV)

(1) The FIKE payroll deduction amount is subject to change based upon the annual FIKE rate schedule.

(2) Employees must be self-identified with Clemson University as current military or a veteran to qualify for this membership rate.

I acknowledge that I have indicated my choice to accept the Campus Recreation benefit on an after-tax basis. This choice will remain in effect until I authorize a change by properly completing another payroll deduction form with Campus Recreation.

Employee Signature

Date

Campus Recreation reserves the ability to modify facility hours or close facilities completely without advanced notice. Campus Recreation recommends that each member consult a physician prior to engaging in any type of physical exercise. Information regarding Campus Recreation guidelines and rules may be accessed at the departments website: www.clemson.edu/campusrec. By signing the Assumption of Risk and Release from Liability form, I understand that my signature is valid until the termination of my Payroll Deduction. I verify that I have read and agree to the terms of the Assumption of Risk and Release from Liability located on the back of this form.

FOR ADMINISTRATIVE USE ONLY

Assistant Director, Member Services Date

Assistant Director, HR & Payroll Date

Clemson Payroll Office Date

Campus Recreation Membership Assumption of Risk and Release from Liability

In consideration for having access to Campus Recreation programs, facilities and equipment, I agree to abide by all Campus Recreation guidelines and rules. I understand Clemson University does not provide accident/medical insurance coverage for Campus Recreation members or their guests. I understand that there are numerous risks of injury associated with exercise, the use of fitness and sports equipment, the use of Campus Recreation facilities (gyms, swimming pool, indoor track, climbing wall, racquetball courts, and other indoor and outdoor facilities), and participation in classes and programs which will be available to me as a member of Campus Recreation. This is including but not limited to abrasions, bruises, lacerations, broken bones, muscle or joint sprains, muscle or tendon strains and tears, head and/or brain injuries, broken teeth, dehydration, respiratory problems, heart problems, heart attack, stroke, paralysis, and drowning. I voluntarily assume full responsibility for any risk of loss, damaged or stolen property, or personal injury, including death, which may be sustained by me as a result of my participation in Campus Recreation programs or use of Campus Recreation facilities and equipment. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may occur as a result of my participation in Campus Recreation programs or use of Campus Recreation facilities and equipment. I also agree to indemnify and hold Clemson University harmless for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my negligent or intentional act or omission while participating in Campus Recreation programs or using Campus Recreation facilities and equipment.

Swann Fitness Center Area Age Restrictions	
Participants (non-Clemson students) must be at least 18 years of age to enter Swann Fitness Center without an adult 18 years of age or older. Participants 15 years old and younger must have direct adult supervision at all times in all facility areas. Any individual age 5 years or older is required to have a membership or be a sponsored guest to access Swann Fitness Center.	
Area	Age Requirements to be in Area
Free weight area, sauna and steam room	Participants must be at least 16 years old to use these locations
Pool, diving well, club gym, track, main basketball gym, climbing wall, group fitness studios	15 years and younger are required to be accompanied by a parent/guardian.
Pin-loaded weight machines and cardio machines	Must be at least 10 years old with parent/guardian supervision to use these locations.
Locker rooms/restrooms	Youth 6 years and older are required to use gender appropriate locker rooms/restrooms. Gender inclusive changing/locker rooms are available.

Climbing Wall Informed Consent and Statement of Risks and Hazards

There are risks and hazards inherent to climbing and bouldering. The same elements that contribute to the uniqueness and fun of these activities can cause injury, illness, or in extreme cases, permanent trauma or death, as well as loss or damage to equipment. The Clemson University Department of Campus Recreation does not want to diminish your enthusiasm for this activity, but we do want you to be informed of the nature and extent of the inherent risks associated with climbing, belaying, and bouldering at a climbing wall. At the same time, we want to assure that our staff gives the highest priority to safety through its employment of risk management guidelines and procedures, management of the rules of safety for use of the climbing wall, and provision of instruction and supervision. These risks include but are not limited to:

1. All manner of injury resulting from falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques
3. Injuries resulting from falling climbers or objects, such as, but not limited to, ropes or climbing hardware
4. Cuts and abrasions resulting from skin contact with the Climbing Wall
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall structure

I acknowledge that:

1. I have read the Statement of Risks and Hazards and I understand the inherent risks associated with participation in using the Climbing wall and the possible injuries that can be sustained by participants. I knowingly and voluntarily assume these risks and full responsibility for any personal injury or illness, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of or in any way arising out of, my participation in this activity.
2. I have been informed of the rules and regulations promoting safe participation in this activity, and I agree to abide by these rules and regulations to minimize the risk of injury to myself and others.
3. Photographs and videos may be taken during the activity, and I allow reproductions of these materials to be used for promotional purposes by the Department of Campus Recreation and Clemson University.

I certify that to the best of my knowledge I am in good health and have no physical limitations which would preclude my safe participation in this activity. I give permission for the activity leaders to seek emergency medical services for me, including transportation to a medical facility as deemed necessary, should I become injured or ill while participating in this activity. It is my express intent that the Agreement to Hold Harmless shall bind the members of my family if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of South Carolina.