

**PERMANENT/TEMPORARY FULL TIME  
FACULTY AND STAFF Recreation and Wellness**

**Payroll Deduction Form**

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Email Address : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize a payroll deduction (code 796) for my Campus Recreation Membership as follows:

Check One  50 Faculty/ Staff Membership \$10 Monthly 12 deductions of \$10 \$120

I understand that Recreation and Wellness membership is a **one-year commitment**. The payroll deduction will continue until I contact Recreation and Wellness and the Payroll Office to cancel the deduction. Recreation and Wellness will notify Payroll Office to cancel the deduction as well. Any cancellations received in the Payroll Office after the 5<sup>th</sup> of the month will be processed for the following payroll. My initials indicate that I have read and understand that this is a one-year commitment. \_\_\_\_\_

**This form is for full-time permanent and temporary employees ONLY.**

Please contact Princess Jackson at ext. 5471 or [pjacks38@ncu.edu](mailto:pjacks38@ncu.edu) if you have any questions.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Recreation & Wellness Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Payroll Office Use Only

For deposits, please use FUND: 304160 Org 40160 Account 504700 Program 160



**Annual Contract Membership** – This membership is based on an initial one year contract and fees must be payroll deducted monthly. After the initial first year, monthly membership fees will continue to be payroll deducted on a month-to-month basis. After the initial first year, membership can be cancelled at anytime with written notice. The initial contract period is one year from the date of joining. Cancellation during the initial one-year contract period will only be permitted in cases of physician-verified illness, a move out of the 50-mile radius from NCCU, or employment termination. A \$50 service fee will apply to all cancellations during the initial one-year contract period. **Initial** \_\_\_\_\_

**Refunding** – Membership fees are non-refundable unless cancelled within three days of purchase. **Initial** \_\_\_\_\_

**Cancellations** – Membership cancellation notification must be submitted in writing on the Cancellation Form and must be received by Campus Recreation by the 10<sup>th</sup> of the month prior to the desired cancellation month. Cancellation during an initial one-year contract period will only be permitted in cases of physician-verified illness, a move out of the 50-mile radius from NCCU, or employment termination. A \$50 service fee will apply to all cancellations during the initial one-year contract period. **Initial** \_\_\_\_\_

**All rates are subject to change.** **Initial** \_\_\_\_\_

**NCCU Department of Recreation & Wellness Informed Consent, Liability Waiver,  
Indemnification and Agreement for Emergency Medical Treatment**

I voluntarily consent to participate in recreation activities at the NCCU Walker Complex. I acknowledge and understand that it is my sole responsibility to consult with a physician prior to participating, to decline, decrease or cease participation in the event of illness, injury or other medical condition. I understand that the staff may reduce or stop my participation in the best interest of my safety and well being. I understand that it is solely my responsibility to seek and receive insurance, medical evaluation and treatment for any symptoms that may arise out of or are related to my participation. I acknowledge and understand that NCCU is self-insured and will not provide insurance. I further agree to abide by all NCCU and Campus Recreation policies and procedures.

I understand that injury or medical conditions are inherent risks associated with recreation activity. Propensity for injury depends on individual fitness, conditioning, experience, as well as the nature of the activity and degree of reasonable and expected contact. Injuries may include, but are not limited to, loss of wind, muscle cramps, sudden illness, abrasions, loss of consciousness, heat stroke, heat exhaustion, injuries to muscles, ligaments, tendons, and joints of the body, such as shoulder, rotator cuff, arms, lower back, knees, legs and ankles, broken bones, or stoppage of breathing. I further understand that medical conditions may include, but are not limited to, abnormal blood pressure, fainting, dizziness, disorders of the heart, and rare instances of paralysis, stroke, or death. In the event of a medical emergency, I hereby consent to transportation and emergency medical treatment arising out of or relating to participation at the Walker Complex.

In consideration of all of the notices contained herein, it is my express desire to participate in the recreation activities at my own risk. In consideration of my participation in the activities and use of its facilities and equipment, I hereby voluntarily release, hold harmless, and forever discharge NCCU and its trustees, officers, agents, employees, representatives, executors, and successors of all of the above, on behalf of myself and my successors and assigns, from any and all liability for injuries or damages I may incur or cause in connection with or arising out of my participation in the Walker Complex. By signing below, I acknowledge that I have read and understand this document in its entirety and hereby voluntarily consent to all of its provisions.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_