CONSUMER'S RIGHT TO CANCELLATION

YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON OR POSTMARKED BY CERTIFIED OR REGISTERED UNITED STATES MAIL WITHIN THREE (3) BUSINESS DAYS OF THE DATE OF THIS CONTRACT OR THE DATE OF YOUR RECEIPT TO THE ADDRESS SPECIFIED IN THIS CONTRACT.

ADDITIONAL RIGHTS TO CANCELLATION

You or your estate may also cancel this contract for any of the following reasons:

If upon a doctor's order, you cannot physically or medically receive the services because of significant physical or medical disability for a period in excess of three months; In the case of your death;

If the health club services to be provided under this contract are not available because the seller fails to open a planned health club or location, permanently discontinues operation of a health club or location, or substantially changes the operation of a health club or location;

If you move either your residence or your place of employment more than twenty-five miles from any health club operated by the seller or a substantially similar health club which will accept the seller's obligation under the contract.

REGISTRATION:

Members must check in and present their membership card to the security officer. The security officer will slide the member's card through the card reader upon each visit to the facility to determine validity. We will not be responsible for cards left at the facility. **No one under the age of 18 will be admitted into the facility.**

GUESTS:

Members may invite guests to use the facility, but the management reserves the right to refuse guests at its discretion. A member may host a maximum of one guest per day. All guests must be 18 years of age or older, submit a valid form of ID to the security officer, and be accompanied by a member at all times while using the facility. It is the member's responsibility to insure that guests are aware of and follow the center's rules and regulations. Guests are required to complete a usage agreement form.

Members must pay for guests with Crimson Cash. When a member brings a guest to the facility, the security officer will slide the member's card through the card reader and deduct \$8 from the member's Crimson Cash account.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE:

All members and guests of members must complete a physical activity readiness questionnaire before being allowed to access the facility.

BUILDING EVACUATION REQUIREMENTS:

In accordance with the Code of Massachusetts Regulations (CMR 527: Board of Fire Prevention), I understand that whenever directed by the building evacuation system (i.e., building alarm) or by facility emergency personnel (e.g., Boston or Harvard University Police Departments or Emergency Medical Services, Campus Operations, or facility staff), I must leave the building immediately and shall not reenter until authorized to do so by the Boston Fire Department. Failure to comply may result in disciplinary action by the University up to but not limited to loss of membership.

RULES AND REGULATIONS:

Any additional rules and regulations not mentioned above will be posted at the entrance to the facility and outside the Athletic Director's Office.

Boston, Mass. 02115-5750

(617) 432-1630 (617) 432-1629 FAX (617) 432-2468

vanderbilt_hall@hms.harvard.edu hms.harvard.edu/departments/vanderbilt-hall

Vanderbilt Hall Athletic Facility 2016-2017 Application Form

				-				
						Applicants must provide their email and daytime telephone number.		
Last Name	Firs	t Name		M.I.		ana aaytii	те тегер	none number.
Harvard ID Number (first 8 digits only) Harvard Status (Check one)								
Student Faculty Other								
☐ Staff ☐ Research Fellow								
Harvard School or Hospital Affiliation (Check one)								
Doutine a Talanhana Num	han			│ □HMS	_	□GS □BW	_	☐ BIDMC ☐ DFCI
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Home Addre	ss							I
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Home Telephone						Referred By		
MEMBERSHIP FEES ARE PRORATED ON THE 1 ST OF EACH MONTH Health History Questionnaire Completed:								
(Must present a Harvard photo ID card) Yes No								
07/01/16-06/30/17 3 08/01/16-06/30/17 3		11/01/16-06/30				-06/30/17 \$164.00 -06/30/17 \$123.00	How did	you hear about us?
□ 09/01/16-06/30/17 3 □ 10/01/16-06/30/17 3		01/01/17-06/30 02/01/17-06/30		11		-06/30/17 \$82.00 -06/30/17 \$41.00	Flyer	☐Human Resources I/colleague ☐Other
I agree to follow the rules and regulations of the Plus One-managed Vanderbilt Hall Athletic Facility, as are in effect from time to time. I understand that this membership is subject to approval by the Vanderbilt Hall management and that it is non-transferable. I have read and understand the terms and conditions of my membership contract printed on the reverse of this application. I further understand that the University reserves the right to terminate this membership and/or to revoke the right to use the Athletic Facility for any cause it deems reasonable (including without limitation when the conduct of a member or a member's guest jeopardizes his or her welfare or the welfare of the community), making an adjustment of the membership fee when appropriate. The membership may also be terminated and use of the facility revoked if the University concludes that a member or a guest of a member has given false information in connection with his/her application for use of the facility or if a member or a guest of a member fails to adhere to the Vanderbilt Hall Athletic Facility terms of use or any rules and regulations of the Athletic Facility or the Residence Hall. I further understand that any exercise program I undertake may create physical stress resulting in harmful effects. I agree that it is solely my responsibility to consult with a physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, to seek medical assistance in the event of any injury, and to inform Harvard carries some risk of accidental injury to myself and to others, and I agree that I will use such equipment and other facilities provided by Harvard carries some risk of accidental injury to myself and to others, and I agree that I will use such equipment and facilities with due care. I hereby release and agree to indemnify and hold harmless the President and Fellows of Harvard College/Harvard Medical School, its directors, officers, employees, agents, and Plus One Holdings, Inc., and the employee								
Payroll Type: Bi-weekly	Cinici dollar allourit inom above, nom my payoricat. This amount							
☐ Monthly	be broken down into monthly or bi-weekly installments.							
(Signature of Applicant) (Date) For Business Office Use Only:								
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