

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.



HARVARD MEDICAL SCHOOL
VANDERBILT HALL BUSINESS OFFICE
107 Avenue Louis Pasteur
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 2017-2018 Application Form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>Applicants must provide their email and daytime telephone number.</i>
Last Name	First Name	M.I.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Harvard ID Number (first 8 digits only)		Harvard Status (Check one)	
<input type="text"/>		<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Other _____ <input type="checkbox"/> Staff <input type="checkbox"/> Research Fellow	
Email		Harvard School or Hospital Affiliation (Check one)	
<input type="text"/>		<input type="checkbox"/> HMS <input type="checkbox"/> GSAS <input type="checkbox"/> BIDMC <input type="checkbox"/> HSDM <input type="checkbox"/> BWH <input type="checkbox"/> DFCI <input type="checkbox"/> HSPH <input type="checkbox"/> BCH <input type="checkbox"/> Other _____	
Daytime Telephone Number			
<input type="text"/>			

Home Address	
<input type="text"/>	<input type="text"/>
Street	Emergency Contact Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	Emergency Contact Name
City	<input type="text"/>
State	Emergency Contact Phone
Zip Code	<input type="text"/>
<input type="text"/>	Referred By
Home Telephone	<input type="text"/>
<input type="text"/>	<input type="text"/>

MEMBERSHIP FEES ARE PRORATED ON THE 1ST OF EACH MONTH <small>(Must present a Harvard photo ID card)</small>	Health History Questionnaire Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 07/01/17-06/30/18 \$492.00</td> <td><input type="checkbox"/> 11/01/17-06/30/18 \$328.00</td> <td><input type="checkbox"/> 03/01/18-06/30/18 \$164.00</td> </tr> <tr> <td><input type="checkbox"/> 08/01/17-06/30/18 \$451.00</td> <td><input type="checkbox"/> 12/01/17-06/30/18 \$287.00</td> <td><input type="checkbox"/> 04/01/18-06/30/18 \$123.00</td> </tr> <tr> <td><input type="checkbox"/> 09/01/17-06/30/18 \$410.00</td> <td><input type="checkbox"/> 01/01/18-06/30/18 \$246.00</td> <td><input type="checkbox"/> 05/01/18-06/30/18 \$82.00</td> </tr> <tr> <td><input type="checkbox"/> 10/01/17-06/30/18 \$369.00</td> <td><input type="checkbox"/> 02/01/18-06/30/18 \$205.00</td> <td><input type="checkbox"/> 06/01/18-06/30/18 \$41.00</td> </tr> </table>	<input type="checkbox"/> 07/01/17-06/30/18 \$492.00	<input type="checkbox"/> 11/01/17-06/30/18 \$328.00	<input type="checkbox"/> 03/01/18-06/30/18 \$164.00	<input type="checkbox"/> 08/01/17-06/30/18 \$451.00	<input type="checkbox"/> 12/01/17-06/30/18 \$287.00	<input type="checkbox"/> 04/01/18-06/30/18 \$123.00	<input type="checkbox"/> 09/01/17-06/30/18 \$410.00	<input type="checkbox"/> 01/01/18-06/30/18 \$246.00	<input type="checkbox"/> 05/01/18-06/30/18 \$82.00	<input type="checkbox"/> 10/01/17-06/30/18 \$369.00	<input type="checkbox"/> 02/01/18-06/30/18 \$205.00	<input type="checkbox"/> 06/01/18-06/30/18 \$41.00	How did you hear about us? <input type="checkbox"/> Flyer <input type="checkbox"/> Human Resources <input type="checkbox"/> Friend/colleague <input type="checkbox"/> Other _____
<input type="checkbox"/> 07/01/17-06/30/18 \$492.00	<input type="checkbox"/> 11/01/17-06/30/18 \$328.00	<input type="checkbox"/> 03/01/18-06/30/18 \$164.00											
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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, and I understand that this agreement is subject to the rights of cancellation 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 of any adverse change in my medical condition. I recognize that the use of the exercise 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 employees thereof from any and all liability for loss, injury, or damage which has been or may hereafter be sustained by me, or for which I may be or become liable, as a result of, or directly or indirectly related to, my entering the Athletic Facility and performing any actions therein.

_____ **Applicant's Signature** _____ **Date**

Payroll deduction is available to qualified applicants on the Harvard payroll.

Payroll Type:	I authorize Harvard Payroll to deduct a total of _____ (enter dollar amount from above) from my paycheck. This amount will be broken down into monthly or bi-weekly installments.
<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	_____ <small>(Signature of Applicant)</small>
	_____ <small>(Date)</small>

For Business Office Use Only:

Date Issued: _____	Check Number: _____	Card Type: _____	Date to Payroll: _____
Issued By: _____	Check Date: _____	Last 4 Digits: _____	Amount Deducted /Period: _____
Amount: _____	Receipt Number: _____	Batch #: _____	Payroll Type: _____
Date Entered: _____	Entered by: _____		