URMC Fitness and Wellness Center  
Membership WAIVER Form  
2016-2017

Waivers must be returned to the Bursar’s Office no later than  
August 31st for the Fall Term  
January 31st for the Spring Term.  
Check “Both” for the whole year.

Student Information

NAME: (Please Print) ____________________________________________

STUDENT UID#: ______________________________________________

DATE:  _______________________________________________________

SIGNATURE:  _________________________________________________

Cost of the Athletic Center is $92.00 per semester.

WAIVER REQUEST:  Fall_____  Spring _____  Both _____

DATE IN ISIS:  Fall _____  Spring ________