

Life Center for Seniors

Qualifications: If you are 55 years or older, or are married to a member who is, you qualify to join the LCS program. You must live within a 60-mile radius of the Life University campus, and you are not eligible if you are a current Life University employee. The annual membership fee is \$40. For military retirees (and spouses) 55 years or older or if you are 80 years or older, the membership fee is discounted 50% to \$20. Membership benefits offered at no additional charge include: participation in our guest lecture series, nutrition classes, use of the Life Wellness Center (gym), use of the Life University library, access to the five-mile walking and running trail, and discounted chiropractic care in the Life Clinical System (free to individuals over the age of 65) *. Additionally, there is a selection of quarterly exercise classes that are offered at a fee of \$15 per class, per quarter. You may take as many classes as you wish and as your time permits. New class schedules are mailed/emailed before each quarter. If you have any questions, you may contact a Life Center for Seniors representative by leaving a message at **770-426-2666**.

* Seniors 55 to 64 years of age will be charged flat rate fees for most procedures. Seniors 65 years and older with Medicare are treated free of charge.

A temporary LCS membership paper name badge will be mailed to you when you become a member. You will also be eligible for a parking decal for your automobile. You **must** obtain the decal from the Life University Campus Security Office at 1269 Barclay Circle, Marietta, GA 30060 Mod 2 located behind the library. You can obtain a scannable **picture ID for \$5 exact cash** at the Purchasing Center located in between the University Bookstore and Socrates Café.

THE PICTURE ID IS REQUIRED FOR WELLNESS CENTER ACCESS AND PARTICIPATION IN ANY LCS ACTIVITY AND AT THE CLINIC. MEMBERS' CARS SHOULD ALWAYS HAVE A CURRENT PARKING DECAL.

Application for Membership AND Yearly Renewal
(The Class Schedule is NOT valid to apply or renew for Membership)

Name: _____

Are you a Veteran? (Circle one) YES NO Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____ DOB **(REQUIRED)**: _____

Please check one: New Application _____ Annual Renewal _____

Email address **(REQUIRED)**: _____

(IMPORTANT: If you don't have one, please ask family or neighbor to use theirs. In case of emergency closings, we need to notify you immediately and this is the only means to do so.)

Emergency contact name and phone # **(REQUIRED)**: _____

Cost of annual membership is \$40; cost for military retirees over 55 or persons 80 or over is \$20.

Please make check payable to Life Center and mail with application to **(no cash accepted)**: Life University
Life Center for Seniors
1269 Barclay Circle
Marietta, GA 30060

APPLICATION CONTINUES NEXT PAGE; PLEASE COMPLETE BOTH.



To participate in our quarterly class offerings, you must fill out a registration form that will be sent to you with the list of classes for the quarter. These 8-weeks classes are offered each quarter to LCS members at a fee of \$15.00 per class.

Life Center for Seniors (LCS) is staffed by LCS volunteers, so the **only** way to apply is by mail. **If you are on campus, you can drop your application and check at the Wellness Center (gym). There is a black box specifically for this purpose. NO CASH ACCEPTED!**

To access Life University campus facilities, classes, and events, you must read and sign the following Assumption of Risk and Responsibility and Release of Liability Form.

Assumption of Risk and Responsibility and Release of Liability
Please read this form carefully before signing

I, _____ understand that my use of the Life University Wellness Center and campus shall be undertaken at my own risk. I understand the risks of potential injury associated with the use of the Wellness Center and other campus amenities offered and assume those risks. I choose to proceed with the activities on campus and at the Wellness Center and expressly assume and accept full responsibility for the consequences of my exposure to all risks, hazards and dangers that I may encounter at the Life University Wellness Center or on campus.

I am aware that Life University does not require submission of a physician’s certification of physical fitness in order to use the Wellness Center. I assume and accept full responsibility for determining my own level of physical condition and evaluating my exercise abilities and limits.

I fully understand that Life University, its trustees, officers, agents, instructors, and employees shall not be liable for any claims, injuries, damages, actions, or cause of action whatsoever to me or my property arising out of or connected with my use of the Life University Wellness Center or campus, whether caused by the negligence of Life University, its trustees, officers, instructors, agents and employees, or otherwise. I do hereby expressly forever release and discharge Life University, its trustees, officers, instructors, agents and employees and their heirs, representatives, successors, and assigns from all such claims, demands, actions or cause of action. The provisions of this agreement shall bind my heirs, representatives, successors and assigns.

This release is given in consideration for access to Life University’s Wellness Center and campus. This release has no expiration date and shall be deemed reaffirmed each time I enter the campus or use Life’s facilities or campus.

I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RESPONSIBILITY AND RELEASE OF LIABILITY. I SIGN VOLUNTARILY AND KNOWINGLY THEREBY GIVE UP SUBSTANTIAL RIGHTS.

Signature _____ Date _____

*****NO ONE UNDER THE AGE OF 18 ALLOWED TO USE THE WELLNESS CENTER*****

STAFF NAME (print clearly): _____