

**Medical College of Georgia Wellness Center
Student Membership Activation Form
2008 – 2009**

All Medical College of Georgia students who are enrolled for six or more credit hours per semester are automatically charged the Wellness Center fee (\$62.50 fall/spring semester, \$25.00 summer). Students who are enrolled for five hours or less or who are not enrolled for the summer semester must pay the Wellness Center fee at the MCG Cashier's office.

ALL MCG students are required to complete the Wellness Center Student Membership Activation form. The form must include the student's signature as well as that of a witness. Submit completed forms to the Wellness Center at the address listed on the form by March 17, 2008.



Wellness Center

Student Membership Activation

I agree to abide by the rules and regulations established by the MCG Wellness Center, as they exist now, and as they may be modified in the future. I may obtain a copy of all such rules and regulations at www.mcg.edu/wellness/standardterms.pdf. MCG reserves the right to amend our rules and regulations without notice, but changes will be posted at the same location.

I also assume the risk of any activity that I engage in at the MCG Wellness Center, and at any event sponsored or presented by the Medical College of Georgia or its Student Government Association, on or off campus. I agree that I am familiar with the risks of the activities in which I will engage. If I have questions concerning the risks of any activity, I may consult with the coach or referee of the activity, or with the Wellness Center staff.

I am aware that participation in physical activities involves a higher degree of risk than normal activities. It is my sole responsibility to consult a physician if in doubt. The Medical College of Georgia cannot assume responsibility for the loss of personal property or injury to participants. Participants must present proper ID for facility and program participation.

Printed Name of Student

Signature of Student

School / Program / Year of Graduation

Date

Printed Name of Witness

Signature of Witness

Date