

Payroll Deduction Authorization

I authorize UT El Paso to deduct monthly charges from my after-tax wages to pay for services at the Student Recreation Center as indicated below. I understand that I may change or revoke the above authorization by submitting requests in writing to the Membership Services Office, or email at srcmemberships@utep.edu

(Membership runs concurrent with the current Academic year).

MEMBER NAME: _____

UTEP ID# _____

600# _____

Monthly deduction: _____

SPOUSE NAME: _____

MEMBER ID# _____

Monthly deduction: _____

CHILD NAME: _____

MEMBER ID# _____

Monthly deduction: _____

9 monthly payments

Total deduction amount per month: \$ _____

Fall – (enrollment in August 14-September 14 only)

Membership dates: Sept 1 – Aug 31 (Last payroll deduction in June 1st)

POLICIES:

I, the above named Participant, **am eighteen years of age or older** and have voluntarily applied to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may **expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.**

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I FULLY UNDERSTAND AND ACCEPT THAT IF THE ABOVE ACTIVITY OR TRIP INVOLVES INTERNATIONAL TRAVEL, THERE ARE CERTAIN INHERENT ADDITIONAL RISKS WHICH MAY ACCOMPANY SUCH TRAVEL, INCLUDING BUT NOT LIMITED TO, INCREASED HEALTH RISKS, RISKS OF MY INJURY OR DEATH, AND DAMAGE TO MY PROPERTY.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

****MEMBERS MUST HAVE CURRENT UTEP ID:**

No ID- No ACCESS- No EXCEPTIONS