

# Shannon Center Membership

Membership:	12-Month	6-Month	3-Month
Alumni and Community (Track and Weight Room)	\$260	\$160	\$110
Seniors 55+ (Track Only)	\$200	\$125	\$90
Current SXU Students	Included in tuition.		
SXU Faculty/Staff + Spouse	Included with benefits.		

First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

All Shannon Center users must be over the age of 18, have an active membership, and have a signed waiver on file before using the facility. SXU staff has the right to refuse service to all visitors disrupting or violating the University's guidelines. Please read and sign the waiver on page 2.

Stay up to date on Shannon Center hour changes and closures.  
Scan the QR code below to join our NEW email list today!



**Saint Xavier**  
UNIVERSITY

**THE SHANNON CENTER - CONSENT AND WAIVER**

I desire to participate at The Shannon Center at Saint Xavier University. I am fully aware of the hazards connected with participating. I knowingly and voluntarily assume the risk of any injuries, regardless of severity, that I may incur to myself and all risk of damage to or loss of property which may occur as a result of my participation at the Shannon Center or that may result when I am traveling in a personal vehicle to and from the Shannon Center.

I verify that I have no physical disabilities, impairments, or chemical dependencies that might inhibit my participation at the Shannon Center.

I, for myself, my heirs, successor and assigns, do hereby release, discharge, and waive any and all responsibility of the Board of Trustees of Saint Xavier University, its officers, agents, representatives, and employees from and against all forms of liability for any and all trauma, injury, damage, expense, handicap, disability, and for damage to or loss of property which may be suffered by myself arising out of or in any way resulting from or attributable in whole or in partly to my traveling to or from, training for, using any sports equipment, or participating in the above named program. No judgment of my health was exercised by Saint Xavier University in allowing me to participate at the Shannon Center.

I agree to abide by the Shannon Center membership rules and regulations regarding any and all of my participation in this facility. This informed consent and waiver agreement will be construed under and pursuant to the laws of the state of Illinois.

I, the undersigned, am at least 18 years of age, am competent to sign this consent, release, and waiver, and have read and understood all the provisions contained herein.

**CAREFULLY READ BEFORE SIGNING**

Print/Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
In case of emergency, notify: \_\_\_\_\_  
Emergency contact phone # \_\_\_\_\_

**BOTTOM PORTION TO BE FILLED OUT BY SHANNON ATHLETIC CENTER STAFF**

Witnessed by (staff initials) _____	
Membership Type _____	Total Amount \$ _____
Amount Paid: _____	Amount Owed: _____
Start Date: _____	Expiration Date: _____