



UNIVERSITY RECREATION
Aquatics, Club Sports, Fitness, Informal Rec,
Intramural Sports & Outdoor Programs

ASU Box 32081
Boone, NC 28608-2081

(828) 262-2100
Fax: (828) 262-3033
www.urec.appstate.edu

Thank you for your interest in gaining access for your significant other/domestic partner and or qualifying dependents to be able to use the recreational facilities. In order for your significant other/domestic partner and or qualifying dependents to have access to use the recreational facilities you must first be classified as a full time student paying your activity fees or a full time faculty/staff member eligible for payroll deduction. If you meet one of these requirements then you must complete the attached forms requesting access for your significant other/domestic partner or qualifying dependents and provide evidence of joint responsibility for each other's welfare, including financial obligations or dependent status and have attached appropriate documentation. Appropriate documentation includes copies of original documents (it is suggested that sensitive information be blocked out) or letters from a neutral third-party agent (such as a lending agent or a lawyer) or documentation verifying your relationship status, i.e. marriage license/certificate. After completing the forms and getting them notarized bring them along with your proof of relationship status to the Student Recreation Center main office Monday-Friday between the hours of 8:00am-12:00noon and 1:30pm-4:30pm, ask for Anna Lee or Sue. Upon approval of your application we will notify the App Card Office so that you can take your significant other/domestic partner and or dependents (you must accompany them) to the App Card Office to have an App Card made.

Remember no App Card no access to any of the recreational facilities.

If you have any questions please call 828-262-2100 Monday-Friday 8:00am-4:30pm.

Please check applicable items:

- 1) () Joint mortgage or lease
- 2) () Designation of the Significant Other/Domestic Partner as durable power of attorney or health care proxy
- 3) () Joint wills or designation of the Significant Other/Domestic Partner as executor and/or primary beneficiary of estate
- 4) () Joint bank account, joint credit cards or other evidence of joint financial responsibility
- 5) () Designation of the Significant Other/Domestic Partner as beneficiary for life insurance or retirement benefits
- 6) () Evidence of joint tax filing
- 7) () Civil Union Certificate
- 8) () Other evidence that establishes interdependence (please specify in section 4)

Section 2. Terms and Conditions

We agree that:

- (1) If there is any change in our Significant Other/Domestic Partner status as certified in this affidavit, we will notify University Recreation within 30 days of the effective date of such change.
- (2) At least 6 months must elapse from the date of the termination of Significant Other/Domestic Partner relationship before another Significant Other/Domestic Partner relationship may be approved by University Recreation.
- (3) Anyone who makes false statements about satisfying the eligibility criteria or fails to notify University Recreation of a change in status will be subject to disciplinary action, including but not limited to revocation of membership for the recreation facilities.
- (4) University Recreation may change its rules, policies and practices on Significant Other/Domestic Partners at any time by providing notice at least 30 days before changes are effective.
- (5) All University Recreation policies including federal, state and local laws, will be followed.

Section 3. Declaration

We declare that the statements in this document are true and correct. We have read and understand the terms and conditions contained in this affidavit. We understand that any misrepresentation of fact can result in loss and/or termination of qualifying affidavit. Our signatures also indicate our understanding that the Applicant assumes responsibility for the behavior and actions of all who are approved to use the recreation facilities.

Applicant Name (Printed)

Date

Significant Other/Domestic Partner Name (Printed)

Date

Mailing Address of Employee and Significant Other/Domestic Partner

Applicant's Appalachian State University Email address

Cell phone number

Significant Other/Domestic Partner's Email address

Cell phone number

Section 4. Additional Information (if necessary)

Section 5. Notarization

State of:

On this _____ day of _____ in the year of _____, before me,
_____, personally appeared _____ & _____,
(Notary Public) (applicant name) (applicant name)

personally known to be (or proved to me on the basis of satisfactory evidence) the persons whose names are subscribed to this instrument and acknowledged that they executed it.

Signature and SEAL of Notary Public

Signature of Applicant

Date

Signature of Spouse or Domestic Partner

Date

Return the original notarized copy of this affidavit and accompanying documentation to University Recreation.

University Recreation
Student Recreation Center
ASU Box 32081
Boone, NC 28608

Office Use Only			
Received by: _____	Date: _____		
Reviewed by:			
Assistant Director for Informal Recreation	Y	N	Date: _____
Associate Director of University Recreation	Y	N	Date: _____
Notification sent to the following units:			
AppCard Office:	Y	N	Date: _____
Human Resources:	Y	N	Date: _____