



INDIANA UNIVERSITY NORTHWEST

2009-2010 Savannah Fitness Center Use Application

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Please return this form WITH PAYMENT TO THE BURSAR'S OFFICE IN HAWTHORN HALL. OBTAIN A PAYMENT VALIDATION AND THEN BRING THE FORM to the Security Booth in the Savannah Center. On your first visit to the facility please bring your IUN ID card for verification. If you do not have one yet, one will be taken at that time.

Fees for the use of the IUN Savannah Fitness Center:

- | | | | | | |
|------------------|----------------------------|--------------------------|------------------|--------------------------|------------------------|
| Students: | Undergraduate | <input type="checkbox"/> | \$10.00/semester | <input type="checkbox"/> | \$5.00/Summer Session |
| | Graduate | <input type="checkbox"/> | \$10.00/semester | <input type="checkbox"/> | \$5.00/Summer Session |
| | Medical Students | <input type="checkbox"/> | \$30.00/semester | <input type="checkbox"/> | \$15.00/Summer Session |
| | Ivy Tech Students | <input type="checkbox"/> | \$30.00/semester | <input type="checkbox"/> | \$20.00/Summer Session |
| | Faculty/Staff | <input type="checkbox"/> | \$84/year | | |
| | Alumni | <input type="checkbox"/> | \$224.00/year | | |
| | General Public (18 & over) | <input type="checkbox"/> | \$349.00/year | | |
| | Senior Citizens (65+) | <input type="checkbox"/> | \$200.00/year | | |
| | Monthly Pass | <input type="checkbox"/> | \$25/month | | |
| | Day Pass | <input type="checkbox"/> | \$5/Day | | |

LOCKER FEE **\$10.00/semester** - - - Locker No. _____

Name: _____

Home Address: _____

City/State/Zip: _____

ID No: _____

Phone: () _____

Method of payment: Visa MasterCard Discover Money Order Check Cash

Please read and sign the back.

2009-2010 Savannah Fitness Center Use Application

Please read the information below, complete the application, and return the form, signed to the Security Booth in the Savannah Center.

It has become necessary to be more security conscience and aware of our surroundings. We ask for your cooperation with the following policies and procedures when utilizing the Savannah Fitness Center facilities.

- **Please leave your ID at the Security Booth at the beginning of your workout**, and pick it up when your workout is complete. If you do not have an ID, one can be made for you. Replacement cost for lost ID's is currently \$5.00.
- **Please wear the wristband given to you by the Security Booth monitor.**
This helps us to ensure that patrons have paid to use the facilities. Persons without wristbands will be asked to leave. Until we have another system in place, this is the easiest way for our employees to monitor who is using the facilities.
- Absolutely No Food or Drink allowed in the Weight Room
- Patrons must wear gym shoes and proper gym attire.
(Gym Monitor will make ALL FINAL DECISIONS)
- Patrons must furnish own locks for lockers
- **Do Not** bring personal items into the gym or fitness area
- **During busy times**, patrons may be asked to limit time in the gym
- The University is NOT RESPONSIBLE for injuries or property loss
- Respect others in your use of language and behavior
- DO NOT hang on the rims

I, _____, in consideration for Indiana University Northwest allowing me to use the facilities at the Savannah Center, Indiana University Northwest, hereby agree as follows:

1. I understand that there are certain risks involved with exercise, which may include but are not limited to: Abnormal blood pressure responses, abnormal heartbeats, chest discomfort, leg cramps and risks to the musculoskeletal system such as sprains, strains, and bone breaks. In rare instances, heart attack, stroke, and/or death may occur. I fully accept and assume these risks.
2. I hereby waive, release, and forever discharge Indiana University Northwest and it's officers, agents, trustees, employees, and representatives from any and all claims and liabilities of any kind, for injury or harm of any sort that may occur as a result of my using the Savannah Fitness Center's facilities.
3. I hereby agree to follow and fully comply with all University rules regarding the use of the Savannah Center's facilities. I understand and agree that the University may require me to leave the facility if I do not comply with such rules.

FAILURE TO FOLLOW THESE RULES WILL RESULT IN EXPULSION FROM THE GYM

Signature of user: _____ **Date:** _____

Witness Signature: _____ **Date:** _____