Sponsored by
Healthy IU
Savannah Fitness Center
IU Northwest Wellness Team

Please read the information below, complete the application on the next page, and return the form, signed to the Office of Student Activities, Savannah 217

We ask for your cooperation with the following policies and procedures when utilizing the Savannah Fitness Center Walking Track.

- Please leave your ID at the Security Booth at the beginning of your walk, and pick it up when your walk is complete. If you do not have an ID, one can be made for you. Replacement cost for lost ID’s is $5.00.
- Please wear the HawkWalk wristband given to you by the Security Booth monitor. Persons without wristbands will be asked to leave.
- Absolutely No Food or Pop on the walking track
- Participants must wear gym shoes and proper gym attire. (Gym Monitor will make ALL FINAL DECISIONS)
- Do Not bring personal items into the gym or fitness area
- The University is NOT RESPONSIBLE for injuries or property loss
- Respect others in your use of language and behavior

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

PLEASE READ AND SIGN

I, __________________________, in consideration for Indiana University Northwest allowing me to use the Walking Track 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 its 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.

Signature of user: ___________________________ Date: _____________________