

GUEST PASS FORM (G_____)

OFFICE OF CAMPUS RECREATION

COMPLETE THE FOLLOWING INFORMATION. PLEASE PRINT:

Name _____
Last First MI

/ /

Date of Birth

Driver License #

Member's ISU ID # and Signature

Address _____
Number and Street or Residence Hall City State Zip code

() _____
Telephone Email Address

By providing your email you are automatically signed up to receive Campus Recreation facility information

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

PAR-Q was designed to help you help yourself. Common sense is your best guide in answering the following questions. Please read them carefully and check YES or NO as it applies to you.

YES NO

- Has your doctor ever said you have heart trouble?
 Do you frequently have pains in your heart and chest?
 Do you often feel faint or have spells of severe dizziness?
 Has a doctor ever said your blood pressure was too high?
 Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?
 Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
 Are you over the age of 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions:

Consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered YES to on the PAR-Q

Please indicate the areas of the Recreation Center that you will be utilizing by checking the box next to the area and/or activity.

Basketball Group X Class Fitness Center SRC Pool Other

I hereby agree to use ISU recreational facilities in accordance with the rules and regulations of the Department of Recreational Sports. I also agree to use the equipment in a responsible manner and to hold harmless from liability Indiana State University, as well as its trustees, agents, employees, and for any injury incurred while using any ISU Recreational Facilities and/or programs. It is understood that I am responsible for all financial obligations for medical treatment if injury occurs while using ISU campus recreational facilities.

Signature of Guest or Parent/Guardian if under the age of 18 is required

Date

STAFF USE ONLY:

Payment Method: Cash Check # _____ Credit Card Visa MasterCard

Guest Pass Type: Daily (0-13) Daily (14+) Weekend Weekly

Date

Invoice #

Staff Initials

Attach SRC Copy of receipt & Copy of Driver's License to right hand corner of guest pass for all weekly and weekend passes