

STUDENT MEMBERSHIP APPLICATION

OFFICE OF CAMPUS RECREATION

COMPLETE THE FOLLOWING INFORMATION. PLEASE PRINT:

Name _____
Last First MI

/ / _____ 991 - _____ 60135203
Date of Birth ISU 991 # Scan Code

Address _____
Number and Street or Residence Hall City State Zipcode

() _____
Telephone Email Address

MEMBERSHIP TYPES & RATES (CHECK APPLICABLE MEMBERSHIP)

- Student – Fall/Spring Term** [] \$100
- Student – Summer Term** [] \$40
- Student – Interlink Term** [] \$50
- Student Spouse – Fall/Spring Term** [] \$180
- Student Spouse – Summer Term** [] \$100

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

This is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the YES or NO space opposite the question if 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? |

- *Unrestricted physical activity starting off easily and progressing gradually.
- *Restricted or supervised activity to meet your specific needs at least on an initial basis.

If you answered NO to all questions: You have reasonable assurance of your present ability for:

A GRADUATED EXERCISE PROGRAM—a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.

CONTINUED ON BACK OF PAGE

**INDIANA STATE UNIVERSITY STUDENT RECREATION CENTER (SRC)
INFORMED CONSENT TO PARTICIPATE, RELEASE OF LIABILITY AND AGREEMENT, WAIVER OF
LIABILITY, AND MEDICAL TREATMENT AUTHORIZATION**

In consideration of Indiana State University allowing me access to use the Student Recreation Center, including, but not limited to, its fitness, swimming and shower/locker facilities and all of the facilities, equipment, and group exercise programs and services contained therein (collectively referred to hereinafter as the "SRC"), I, the undersigned for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

I understand and acknowledge that access to and /or use of the SRC is potentially hazardous and involves risks, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I understand that negligence of the University and other risks associated with my access to and/or use of the SRC may cause injury, illness, paralysis, or death to myself, or persons, and/or damage to or loss of property. Some of the risks associated with my access to and or use of the SRC include, but are not limited to, equipment failure, known or unknown medical conditions, improper use of equipment, acts of others, and latent or patent defects or dangerous conditions in the SRC. I accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to my access to and/or use of the SRC, and acknowledge that I am voluntarily entering and using the SRC even with knowledge of these risks.

Acknowledging that such risks exists, I hereby RELEASE AND DISCHARGE the University, its affiliates, and their respective officers, representatives, managers, members, directors, owners, agents, contractors, employees, and each of them and/or anyone associated in any way with my access to or use of the SRC (The "University Group") from any and all claims damages, losses, actions, suits, proceedings, expenses, attorney fees, costs, and liability that I, anyone on my behalf, my heirs, next of kin, assigns or personal representatives might have for or relating to any injury to my person or property suffered or claimed to have been suffered by me which arises out of or is related in any manner to my access to or use of the SRC, including, but not limited to, any claim that the act omission complained of was caused in whole or part by the strict liability or negligence in any form of the University Group.

I understand and agree Indiana State University shall provide **ONLY** EMERGENCY MEDICAL TREATMENT for any injuries suffered by me while participating in this program, and do hereby authorize such medical and/or surgical treatment as is deemed necessary by the medical provider while enrolled or participating in any activity under the auspices of Indiana State University, and I assume full responsibility for all medical expenses incurred as a result of injuries suffered by any reason of my participation in the SRC.

I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND THE University Group in any action or proceeding from and against all alleged liability, claims, causes of action, damages, losses, suits, proceedings, expenses, attorney fees and costs arising out of or related in any manner to my access to or use of the SRC, or for my failure to comply with the terms of this Release an Liability and Agreement to Indemnify. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly caused in whole or in part by the strict liability or negligence in any form of the University Group.

This document is governed by the laws of the State of Indiana, and any cause of action relation to the interpretation or enforcement of this document is subject to the exclusive jurisdiction of a court in Vigo County, Indiana. If one or more portions of this document are found to be unenforceable, the remainder of the document will remain enforceable.

I attest and verify that I have all the knowledge of the risks involved in this program, and that I have no previous or existing medical condition (s) which would contraindicate my safe use and participation in the programs and use of the SRC.

I have read and fully understand this Release of Liability and Agreement to Indemnify and agree to be bound by its terms. I understand that by signing this document I am waiving certain legal rights, including the right to sue the University Group. I sign this document freely and willingly.

Name and Signature

Date

STAFF USE ONLY:

Was membership updated in CSI?

[] Yes [] No

Invoice #

Staff Initials