



WALLMANwellnessCENTER

NDSU Wellness Center

Dual Membership Form

DUAL MEMBER INFORMATION

Please print

Name _____ WC ID# _____

Address _____
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Phone _____ Email _____

Date of Birth ____/____/____ Relationship to sponsoring member _____

YOUR SPONSORING MEMBER ALSO SERVES AS YOUR EMERGENCY CONTACT.

SPONSORING MEMBER INFORMATION

Name _____ Student/Empl ID # _____

Address _____
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Phone _____ Email _____

Date of Birth ____/____/____

FACILITY USE GUIDELINES

1. You must have an NDSU or photo ID to participate in the Wellness Center Fitness programs. The Wellness Center reserves the right to refuse admittance to or request that an individual leave the Center.
2. Participation is at your own risk.
3. All facilities should be used for their intended purpose. Modification of equipment or facilities is prohibited unless under the supervision of Wellness Center staff.
4. Proper athletic shoes are REQUIRED. No sandals. Wear appropriate attire while exercising. Torso must be covered.
5. The use of cellular telephones, cameras, and other devices with photographic or video capabilities is not permitted in the locker rooms or in fitness areas, unless approved by Wellness Center staff.
6. No profane or offensive language in the fitness area.
7. Wipe off all equipment when you are done using it. Replace all weights when finished. DO NOT DROP THE WEIGHTS.
8. Work-in with others to maximize usage in all fitness areas.
9. Report any injury incurred in the Wellness Center fitness areas to a fitness specialist or to the front desk.
10. Report any fitness equipment that is loose or broken to a fitness specialist or to the front desk.
11. Limit cardio sessions to 30 minutes during busy times or if someone is waiting for the equipment you are using.

Failure to follow the rules and guidelines of the Wellness Center will result in you being asked to leave the Wellness Center and/or your Wellness Center privileges may be revoked. For additional information, visit the Wellness Center website at www.ndsu.edu/wellness or call 701-231-5200.

SIGNATURE REQUIRED FOR PARTICIPATION

I have read and understand the "Release from Liability," "Usage Times for Dual Members" as well as the NDSU Wellness Center Fitness Guidelines and the Dual Membership Guidelines. My signature below indicates my compliance with all policies of North Dakota State University and the NDSU Wellness Center.

Participant Signature _____ Date _____

Sponsoring Member Signature _____ Date _____

Entered by _____
Date Entered _____

Date
/
/

First Name
/

Last Name
/