



Wallman Wellness Center

New Member Form

I am an NDSU:

Student

Faculty

Staff

Associate

Please print

Name _____ Student/Empl ID # _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Phone _____ Email _____

Date of Birth _____

Please provide information for a close relative or friend who can be contacted in case of emergency.

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

FACILITY USE GUIDELINES

1. You must have an NDSU or photo ID to participate in the Wallman Wellness Center (WWC) Fitness programs. The WWC 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 WWC 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 WWC 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 WWC 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 Wallman Wellness Center will result in you being asked to leave the WWC and/or your WWC privileges may be revoked. For additional information, visit the WWC website at www.ndsu.edu/wellness or call 701-231-5200.

SIGNATURE REQUIRED FOR PARTICIPATION

I have read and understand the "Release from Liability" as well as the Wallman Wellness Center Fitness Guidelines. My signature below indicates my compliance with all policies of North Dakota State University and the Wallman Wellness Center.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If under 18 years of age.)

Rec. by _____ Entered _____ Pd \$ _____ Ck# _____ Cash _____ SV _____ CC _____

Individuals with disabilities are invited to request reasonable accommodations to participate in NDSU-sponsored programs and events. To request an accommodation at a Wallman Wellness Center program or event, please contact Tara Roberts, at tara.roberts@ndsu.edu to make arrangements.