

Gasset Fitness Center Member Registration Form



Member Data (Please Print)

Name _____		Today's Date _____	
First	M.I.	Last	
Date of Birth: _____		Gender: (circle one) M F	
SSU ID # _____	Gasset ID # _____	Expected Date of Graduation: _____	
(Student/Fac/Staff)	(Non-SSU Member)	(SSU Students)	Month/Year

Current Address & Contact Information

Street: _____		Apt #: _____	
City: _____		State: _____	
E-mail Address: _____		Zip: _____	
Main Phone (____) _____ - _____		Work Phone (____) _____ - _____	

Emergency Contact Information

Contact Name: _____	Phone (____) _____ - _____
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Member Status (Choose only ONE!)

<p>SSU Student</p> <p><input type="checkbox"/> Undergraduate</p> <p><input type="checkbox"/> Graduate</p> <p><input type="checkbox"/> Continuing Education</p> <p><input type="checkbox"/> ESL</p> <p><input type="checkbox"/> Non-Credit</p> <p>Administrator/Faculty/Staff</p> <p><input type="checkbox"/> Faculty/Staff Student</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Visiting Scholar</p> <p><input type="checkbox"/> Summer Only</p> <p><input type="checkbox"/> Winter Only</p>	<p>Spouse</p> <p><input type="checkbox"/> Spouse (Primary Member Name: _____)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Primary Member Tier _____</p> <p>Affiliate</p> <p><input type="checkbox"/> Affiliate Employee (Bookstore, Dining Services, Enterprise Ctr)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Affiliate Member Tier _____</p> <p><input type="checkbox"/> Alumni</p> <p><input type="checkbox"/> College Student (Summer/Winter Break)</p> <p><input type="checkbox"/> Community</p> <p><input type="checkbox"/> Conference Guest</p> <p><input type="checkbox"/> Leave of Absence Student</p> <p><input type="checkbox"/> Recent Grad</p> <p><input type="checkbox"/> Retiree</p> <p><input type="checkbox"/> Other _____</p> <p>Other (Office Use Only – Must Have Approval)</p> <p><input type="checkbox"/> Complimentary _____</p>
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Office Use Only – Membership & Payment Information

Expiration Date: _____			
Month/Day/Year			
Payment Type (check one):	ClipperCard _____	Credit Card _____	Check _____
			Check # _____
Amount _____	Staff Initials _____	Today's Date _____	

Gassett Fitness Center

Waiver of Liability, Assumption of Risk, Indemnification, and Consent for Emergency Treatment

1. In consideration of being allowed to use the Gassett Fitness Center facilities, I, for myself, heirs, personal representatives and assigns, do hereby covenant not to sue and release, waive, and discharge the Commonwealth of Massachusetts and the Board of Trustees of Salem State University, its officers, employees, agents and assigns from any and all claims, including those which result in personal injury, accident or illness (including death) or property loss, arising from or in any way connected with, but not limited to, my use of said facilities. I also agree to indemnify and hold harmless the Commonwealth of Massachusetts and the Board of Trustees of Salem State University, its officers, employees, agents, and assigns from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorneys' fees, brought or incurred as a result of my use of said facilities.

(Please initial _____)

2. I understand that strength, flexibility, and aerobic exercises, including the use of equipment and machinery, are potentially hazardous activities and involve serious risks, including injury, paralysis and death. I hereby knowingly and voluntarily assume all such risks associated with the use of the Gassett Fitness center facilities, and agree that I am solely financially responsible for any injury or loss resulting from my use of said facilities.

(Please initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Gassett Fitness Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please initial _____)

4. I hereby consent to and permit emergency treatment in the event of illness or injury while participating in the activities and programs of the Gassett Fitness Center. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

(Please initial _____)

5. I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in activities sponsored by the Gassett Fitness Center without compensation and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

(Please initial _____)

I have read this Waiver of Liability, Assumption of Risk, Indemnification, and Consent for Emergency Treatment; fully understand its terms; and understand that I am giving up substantial rights, including my right to sue. I hereby acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature that this be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____

Legal Guardian Signature (if under 18): _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Gassett Fitness Center

Participant Policies & Procedures

In accordance with Salem State University's Code of Conduct and standards of care for the fitness industry, the following policies and procedures are to be understood and followed by everyone who uses the Gassett Fitness Center.

- Before using the facility or participating in any programs sponsored by the Gassett Fitness Center, all participants must complete the registration packet and pay all appropriate fees. No refunds will be issued.
- A valid Salem State University ClipperCard (students/fac/staff/admin) or Gassett Fitness Center issued membership card must be presented for admittance during each visit or entry will be denied.
- No one under the age of 18 will be permitted to use any free weight, selectorized or cardio equipment without parental consent and approval by Gassett Fitness Center administration.
- For the integrity of our equipment, the safety of all users, and to prevent the spread of infection, appropriate athletic attire must be worn for admittance to the fitness center and at all times. Appropriate attire includes athletic shorts or pants, t-shirt or tank-top, and closed toed sneakers. Sports bras and crop tops are allowed but patrons acknowledge and accept the inherent risks associated. Equipment must be cleaned before and after use. Sandals, flip-flops, Vibram or other five-toed shoes are not allowed. Only non-marking footwear is permitted.
- Offensive clothing (words or images) is not allowed. Tops must be worn at all times and any attire deemed dangerous is prohibited. Jeans, pants with belts, buttons, or metal rivets, and cut-off pants, are dangerous and not allowed.
- Food and gum are not permitted in the Gassett Fitness Center and only water in a non-breakable, resealable container is allowed.
- Organized group activities and/or any type of coached workout may not occur in the Gassett Fitness Center without proper approval. Only instructors/trainers employed by Salem State University and the Gassett Fitness Center are permitted to work with members.
- All users must agree to demonstrate care in the usage of all equipment at the Gassett Fitness Center and understand that they may not bring in any outside/personal exercise equipment.
- Individuals are encouraged to complete an equipment orientation. If an individual is not familiar with a piece of equipment, they should ask a member of the fitness center staff for assistance.
- All users understand that it is their responsibility to clean and put away all equipment after each use.
- No bags, backpacks, jackets or other personal items are permitted in activity areas. Lockers and cubbies are available for day use and all items must be cleared out by the end of each day.
- Salem State University is not responsible for lost, stolen or damaged personal property.
- Weight collars must be used on barbells at all times and participants are required to work with a spotter for all free weight lifting.
- Chalk and/or chalk-like substances are not permitted.
- All incidences, injuries and defective equipment should be immediately reported to a member of the Gassett Fitness Center staff.
- Cell phone use (purposes other than an audio player), is not permitted in any area of the Gassett Fitness Center.
- Cameras, including cell phones, are not allowed in any area of the Gassett Fitness Center at any time unless written approval has been obtained from an administrator of the Gassett Fitness Center.
- Individuals may not use the facility while under the influence of drugs or alcohol and members of the Gassett Fitness Center staff reserve the right to refuse admittance to anyone in violation of this policy.
- Membership will terminate if your status with the university changes, as applicable.
- Violation of any Gassett Fitness Center policies and procedures may result in suspension of your Fitness Center privileges.

By signing this document, I acknowledge that these policies have been presented and explained to me and I agree to abide by them. I have also been informed that my privileges to use the Gassett Fitness Center may be suspended and/or terminated for violation of the stated policies. Policies may be changed or updated and I acknowledge and accept that it is my responsibility to review them.

Signature: _____

Legal Guardian Signature (if under 18): _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____