



**Kishwaukee College Wellness Center
Registration Form**

Kish | KISHWAUKEE COLLEGE

Personal Information:

Name: _____ ID # _____ Student Athlete Employee

Address: _____ City, State, Zip _____

Date of Birth: _____ Primary Phone: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Rules of the Center:

1. Please bring Kish employee/student ID or driver's license/state ID.
2. PE class students and student members will have access to the Center 9am-4pm Monday-Thursday only.
3. Kishwaukee College Athletic teams are scheduled to have access from 4pm-8pm Monday – Thursday.
4. Employees must sign in regardless of whether the desk is staffed. Employees will be able to utilize the Wellness Center during the hours the college is open. When the Wellness Center is not staffed employees will use their key card to enter (key card access will be provided upon signature of this form, please allow 24 hours for access to be granted).
5. No outside guests are allowed in the Wellness Center, only Kish employees and students who have completed a registration form and an assumption of risk release form are allowed.
6. No food or drinks are allowed in the Wellness Center (bottled water allowed)
7. Athletic workout attire and shoes are required.
8. No backpacks or personal items are allowed in the Wellness Center. (lockers are available in the Wellness Center if needed, bring your own lock if planning to use the lockers).
9. Locker room locks must be removed after each visit.
10. Sanitize the equipment before and after use.
11. Please use one piece of equipment at a time.
12. Use of the Wellness Center is considered a privilege, individuals who do not comply with the established rules will be asked to leave and may have their membership revoked.

By signing this registration form, I acknowledge that student membership is good for the current semester and employee membership is valid as long as one is employed by the college. Membership is only good for use of KC Wellness Center and does not give me access to DeKalb Kishwaukee YMCA, Northwestern Medicine Kishwaukee Health & Wellness Center, or The Rec Center – Flagg / Rochelle Community Park District.

Signature

Date

**Kishwaukee College Wellness Center
Assumption of Risk and Release Form**

The facility and activity program offered by Kishwaukee College Wellness Center, hereinafter referred to as the “Wellness Center” has been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the members or guests who utilize the facilities or participate in its activities.

In consideration of being permitted to use the Wellness Center:

1. Acknowledge and present that I have volunteered to use the fitness equipment (hereinafter collectively referred to as “Physical Activities”).
2. Acknowledge and understand that the Wellness Center is only supervised with staff during the hours of 9am-4pm and that there may be times outside of these hours that employees are allowed to use the Wellness Center without supervision.
3. Acknowledge that employees utilizing the Wellness Center for Physical Activities during unsupervised hours are knowingly and voluntarily using the centers exercise equipment at their own risk and with full knowledge and appreciation of any and all dangers and risk inherent therein.
4. Acknowledges that Physical Activities may involve risk of injury including but not limited to strains, sprains, broken bones, concussions, along with health risks including, but not limited to abnormal blood pressure, fainting, increased heart rate and in rare instances heart attack, stroke or death.
5. Understand and agree that Kishwaukee College does not have superior knowledge concerning my physical health nor my ability to participate in the Physical Activities. I understand it is my responsibility to consult with my health professionals regarding any questions or concerns I may have.
6. Agree to abide by all rules of the Wellness Center while participating in Physical Activities. I further agree if I violate the rules of the Wellness Center, I may be permanently removed from participating in Physical Activities.
7. Agree that should I cause property damage while participating in the Physical Activities, I shall reimburse and indemnify Kishwaukee College for the costs to repair same.
8. For Kishwaukee College Students enrolled in Physical Education Classes through the college, the undersigned student acknowledges that the blood pressure test and three minutes step test conducted by the Wellness Center is not a medical examination to determine physical ability or medical fitness to participate in the programs offered, but used only to establish each participant’s fitness level as compared to the National Norms established by the Institute for Aerobic Research.
9. Agree that I hereby RELEASE and DISCHARGE Kishwaukee College, its affiliates, officers, agents, directors, board of trustees, administrators, instructors, teachers, staff, employees and/or volunteers (each considered a “Releasee” herein) for any liability, claims, demands, losses or damages that occur to my person or property on account of any negligence allegedly caused by any Releasee; and I also agree that should I cause damage to Kishwaukee College or any Releasee, I shall indemnify, save and hold harmless Kishwaukee College and each Releasee from any litigation expenses, attorney fees, loss, liability, damage award, judgement or any other related expense which may occur as the result of such claim.
10. Agree that I hereby acknowledge that I have read the preceding prior to signing, and understand that I am executing a consent, release waiver of liability, and indemnity agreement.
11. Agree as a Kishwaukee Student taking Physical Education Classes that “I understand the policies, procedures, and grading for the Center. I attended Wellness Center orientation required for Physical Education classes.”

Participant Signature

Date

Instructor Signature if applicable

Date

Consent for any Kishwaukee College Student under the age of 18

As the parent or guardian of the participant, I acknowledge the existence of the risk of injury due to the physical maturation level of the participant. The strenuous utilizing weight training equipment may be dangerous to the muscles and growth plates of individuals between the ages of 14 and 18 if not done properly. I acknowledge that the participant is to abide by the rules and regulations used the by the Wellness Center. It is to be understood that the undersigned participant is to notify a Staff member of the Wellness Center of any injury while utilizing the facility.

Parent/Guardian Signature _____

Date _____

*****Please forward completed form to Scott Kawall, Director Student Involvement, at skawall@kish.edu for access to the Wellness Center.**