



**NWACC FITNESS CENTER
EMPLOYEE FEE WAIVER APPLICATION**

Employee Information	Name: Employee ID #: Dept:
Semester – Check one	<input type="checkbox"/> Spring (Jan – April) <input type="checkbox"/> Summer (May – Aug) <input type="checkbox"/> Fall (Sept – Dec)
Eligibility - Cost	All full-time and part-time employees are eligible to use the Fitness Center Facility at no charge. Employee dependents will be charged the regular rate fee of \$49.00 per semester to use the Fitness Center.
Authorization/Release	<p align="center">Please read each statement:</p> <ul style="list-style-type: none"> • I have been made aware of the NWACC Harassment Policy and agree to comply with it. The NWACC Harassment Policy is available for viewing in Administrative Policies and Procedures and in the student handbook section of the college catalog. Both can be accessed on the NWACC website. • I agree to schedule an orientation with a Fitness Center supervisor prior to my first visit. I understand that I will not be permitted to use the Fitness Center facility without attending orientation. A Fitness Center supervisor can be contacted at 936-5136. • I agree to sign in and out each time I use the Fitness Center Facility. • I have read and signed the NWACC Fitness Center Permission, Release of Liability and Medical Release Form. <p align="center">Employee Signature Date</p>
Orientation Certification (Fitness Center staff use only)	Fitness Center Orientation has been completed on:
Employee Verification (HR use only)	(Place stamp here)

**NORTHWEST ARKANSAS COMMUNITY COLLEGE
NWACC FITNESS CENTER AND LIFETIME FITNESS CLASS PERMISSION, RELEASE OF
LIABILITY AND MEDICAL RELEASE FORM**

I hereby expressly consent to my use of the fitness center and/or participate in a lifetime fitness class. I acknowledge that such participation will necessarily involve participation in exercises that are physically demanding and will subject the participant to stress, anxiety and possible hazards.

I understand that the activity involves inherent other risks of **INJURY**. I voluntarily agree to expressly assume all such risks which may result from the activity or in any way related to my participation in the activity.

In consideration of the right to participate in the activity, I hereby release from any legal liability Northwest Arkansas Community College ("NWACC"), and its trustees, employees, faculty, staff, agents, instructors and all individuals assisting with the activity for injury or death caused by or resulting from my participation in the activity or in any way connected with my participation in the activity, whether such injury or death was caused by the alleged negligence of NWACC, another participant, or any other person or cause. This agreement will apply for each and every day I engage in the activity during the **CURRENT SCHOOL YEAR** without requiring me to sign an additional form for each day or activity.

I further agree to defend and indemnify NWACC for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, relating to the activity or use of NWACC facilities or equipment.

I represent that I am in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or NWACC to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

This agreement is governed by the laws of the State of Arkansas, and exclusive jurisdiction shall be in the circuit court of Benton County, Arkansas or in the United States District Court, Fayetteville, Arkansas division. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect. The undersigned parent or guardian acknowledges that she/he is signing this agreement on behalf of a minor and that the minor shall be bound by the terms of the agreement. This agreement shall be binding on the participant's assignees, subrogors, heirs, next of kin, executors and personal representatives.

**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.**

Signature of Participant _____ Date of Birth _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____
(If Participant is under 18)

In the Event of an Emergency, Please Contact _____ Phone Number _____