

Fitness & Recreation – Chicago Campus

How to Apply:

- 1- Determine your current Northwestern University (NU) status (i.e. Full Time Student, Resident etc...)
- 2- IF you are a **Foreign National Student**, it is a requirement to register with the Foreign National Information System (FNIS) at the Human Resources (HR) payroll department by completing and submitting the two required forms with your fitness club application in order for us to process your request for fitness club membership (see link for additional instructions, <http://www.northwestern.edu/auxiliary-services/fitness/applying.html>)
- 3- Download and complete the NU Fitness Benefits application and appropriate Membership agreement available on our website at <http://www.northwestern.edu/auxiliary-services/fitness/index.html>
- 4- Make check or money order payable to Northwestern University (**No Cash or Credit Cards are accepted**)

-Or-

If you are an employee of Northwestern University (and paid by the university) you may pay via payroll deduction, pending verification of eligibility (McGaw Residents, McGaw Post-Doc Fellows and/or Visiting Post-Doc Fellows affiliates are not eligible for payroll deduction)
- 5- If you are applying for a joint membership, please include a copy of your marriage certificate or the same-sex domestic partner declaration form filed with Human Resources.
- 6- Send check or money order, both applications and any other requested documentation to:

Northwestern University
University Services
ATTN: Fitness Club Manager
1801 Maple Avenue Suite 2300
Evanston, IL 60201-3150

-Or-

If you have elected to pay through payroll deduction, fax both applications and any other requested documentation to (847) 491-3849, ATTN: Fitness Club Manager.

How to Complete Applications

Your 7-digit NU assigned ID number, listed on your WildCARD must be included on the NU Fitness Benefits application for the club of your choice and the appropriate Membership Agreement. McGaw Residents and McGaw Post-Doc Fellows must include their GME ID number, which can be found on your Wildcard or by contacting your McGaw administrator.

NU Chicago Campus Fitness/Recreation Benefits Application

Section One: member demographics and contact information is necessary in order to process any fitness club membership request. Also, if member is applying for spouse or same sex domestic partner, please include their name in the spouse or domestic partner line below the primary member's full name.

Section Two: affiliation information which includes school or department name and graduation or completion date of all studies at NU.

Section Three: type of membership being requested, which individual rate applies.

Section Four: applies only for those members that are eligible and requesting to pay for their membership via payroll deductions.

Once all sections of the application are completed, please review, sign and date the application. If applying for joint membership, spouse and or same sex domestic partner must sign and date the application as well.

The L.A. Fitness Chicago - Streeterville Membership Agreement and Fitness Formula Club Membership Agreement

Page One: skip the membership # line and fill-out your 7-digit NU assigned ID number or GME ID number for McGaw Resident, Post-Doc Fellows, read the acknowledgement and initial box on line 6.

Page Two: complete membership information and sign the application. Do Not write in Fitness Int'l, LLC/L.A. Fitness signature line of the application. In addition, you must complete the FFC Corporate Membership Agreement <http://ffc.com/northwestern/>

If requester is applying for joint membership, which includes spouse or same sex domestic partner, an additional Membership Agreement must be completed and signed by the perspective member.

NU Chicago Campus Fitness/Recreation Benefits Application

Northwestern University provides discounted membership at L.A. Fitness Chicago-Streetsville to the Chicago campus community. Members will also have access to the Chicago Park District's Lake Shore Park facilities. NU-paid Chicago employees must work at least 18.75 hours per week on a consistent basis in order to qualify for this benefit. Temporary employees are not eligible.

Applicant Information

Full Name: _____ 7-Digit Employee/Student/GME ID #: _____

Spouse or Domestic Partner (if applying for membership): _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School/Department: _____ Graduation/Completion Date: _____

Emergency Contact Name: _____ Phone: _____

Check box if you are an international student (If checked, you must submit this form by the 12th of the month to allow for processing.)

Annual Membership Type & Fee

If you fit more than one category, pick your primary status (e.g., if you are a full-time employee taking classes part-time, choose "Employee").

NU-Paid Employee, Fellow, or Post Doc (\$474) Spouse/Partner of NU-Paid Employee, Fellow, or Post Doc (\$474)

NU Full-Time Student (\$156) Spouse/Partner of NU F-T Student (\$156)

NU Part-Time Student or McGaw Resident (\$312) Spouse/Partner of NU P-T Student or McGaw Resident (\$312)

Payroll Deduction

Check the appropriate boxes if you are an NU-paid employee and you would like to pay for your membership via payroll deduction. McGaw residents are not eligible for payroll deduction.

Employee (\$39.50) Spouse (\$39.50) | Payroll Frequency: Biweekly Monthly

Membership Requirements

You are required to notify University Services at 847-467-0662 or s-marrougi@northwestern.edu if your contact information or employment/enrollment status changes (e.g., if you separate from the University or McGaw, graduate, take a leave of absence, or change status from full-time to part-time student). Cancellation provisions can be found in the L.A. Fitness Chicago-Streetsville Membership Agreement.

To verify your eligibility to use the Lake Shore Park, the Chicago Park District will refer to the list of member names supplied by University Services. You will be required to show a valid Northwestern University WildCARD or government-issued photo ID.

Liability Statement

Each individual covered under this application is required to read the following liability statement and provide a signature and date in the space below, indicating acknowledgement and understanding of the statement.

Participation in all fitness and recreation facilities and programs is on a voluntary basis. Northwestern University shall not be liable for any injuries, damage or other such losses which individuals may incur while using fitness and recreation facilities or participating in fitness and recreation programs. I, the undersigned, specifically assume all risks of injuries, damages or other such losses while using fitness and recreation facilities or participating in any program, exercises or activity. I waive any and all claims against Northwestern University, its trustees, officers, agents and employees, or against any athletic facilities provided under this benefits application.

X _____ Date: _____

X _____ (spouse/domestic partner) Date: _____

Your completed application must be accompanied by the following (as applicable):

- A completed L.A. Fitness Chicago-Streetsville application: www.northwestern.edu/userservices/docs/fitness/recapplication.pdf
- A check made payable to Northwestern University for the appropriate annual membership fee (not required if you elected to pay via monthly payroll deductions)
- For spousal membership, include a copy of your marriage certificate
- For domestic partner membership, include a copy of your civil union certificate or Declaration of Same-Sex Domestic Partner Relationship form: northwestern.edu/userservices/docs/fitness/DomesticPartnerRegistration.pdf

Submit your application to:

Northwestern University, University Services, Attn.: Fitness Club Manager, 1801 Maple Ave, Suite 2300, Evanston, IL 60201-3150

If you elect to pay via payroll deduction, the application may be faxed to 847-491-3849 or emailed to s-marrougi@northwestern.edu

Application and payment must be received by University Services by the 22nd of the month in order to start the following month.
Application rates above apply during your 12-month term.

CORPORATE MEMBERSHIP AGREEMENT

Membership # _____ 7 digit student / employee ID # _____
(For L.A. Fitness Chicago-Streeterville to complete)

Member represents, acknowledges and agrees with Fitness Int'l, LLC d/b/a L.A. Fitness Chicago-Streeterville formerly River East Club ("L.A. Fitness Chicago-Streeterville", "Health Club", "Club", "we" or "our") that:

1. He or she is duly eligible through Northwestern University, d/b/a NU ("Institution Benefit Provider") as of the date below to utilize a corporate Health Club membership owned by Institution Benefit Provider upon terms set by Institution Benefit Provider. Member's membership privileges shall be honored by the Health Club upon receipt of this signed and dated Corporate Membership Agreement and in accordance with the terms of the Membership Purchase Agreement between Health Club and Institution Benefit Provider. Member's membership privileges will terminate in the event the Membership Purchase Agreement is terminated by either party.
2. He or she will be subject to all rules and regulations of the Health Club now in force or adopted in the future, including those governing use of the Health Club facilities, the equipment therein and members' dress code. Member agrees not to create any nuisance, disturbance or harass or threaten other members, guests or club personnel or commit acts of moral turpitude or fraud while using the Health Club facilities. Breach of any rule or regulation will result in revocation of the membership. We reserve the right at any time to alter the hours of operation, and the right to amend the cost of, add, modify and/or eliminate any program, facility, activity, class, or service of any Health Club in our sole discretion. Classes and equipment are available subject to demand and may be crowded at peak hours or may be discontinued or times changed if demand fluctuates.
3. Health Club membership privileges and membership card are not transferable by Member.
4. Member should consult with his/her physician before using the Health Club services and facilities in all events including a history of heart disease. Member understands and acknowledges that Health Club has no expertise in diagnosing, examining or treating any medical condition. Member agrees he/she will not use the facilities with any medical condition including infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to the health or safety of Member or others and agrees he/she will use the facilities in accordance with all applicable public health requirements. It is Member's responsibility to consult with his/her physician to determine if any of these medical conditions exists and, if so, whether such condition poses a direct threat to the health or safety of Member or others. Health Club reserves the right, however, to make the final determination in this regard.
5. Neither Health Club nor Institution Benefit Provider will be responsible for loss, theft or damage of personal property.
6. **Waiver and Release** (Not applicable in New York, Massachusetts and Rhode Island) **You (Buyer, Member, parent, spouse, or guest, as applicable) agree that if you engage in any physical exercise or activity or use any facility on a club's premises, you do so at your own risk. This includes, without limitation, your use of the equipment, locker room, showers, pool, whirlpool, sauna, steamroom, parking area, or sidewalk and your participation in any activity, class, program, personal training or instruction now or in the future made available. You agree that you are voluntarily participating in these activities and using the equipment and facilities and assuming all risk of injury or your contraction of any illness or medical condition that might result therefrom or**

any damage, loss or theft of any personal property. You agree on behalf of yourself (and your personal representatives, heirs, executors, spouse, administrators, agents and assigns or others) to release and discharge Health Club and Institution Benefit Provider (and the respective affiliates, employees, agents, representatives, successors and assigns of each, from any and all claims or causes of action arising out of their negligence. This Waiver and Release of all liability includes, without limitation, injuries which may occur as a result of (a) your use of any facility or its improper maintenance, (b) your use of any exercise equipment which may malfunction or break, (c) Health Club's improper maintenance of any exercise equipment, (d) Health Club's negligent instruction or supervision, (e) Health Club's negligent hiring or negligent retention of any employee, (f) loss of consortium, (g) your slipping and falling while in any club or on the surrounding premises or (h) first aid, emergency treatment or any other services which are negligently rendered or failed to be rendered by released parties, emergency personnel or Good Samaritans, or our negligently preventing a Good Samaritan from rendering first aid.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. IN ADDITION, YOU DO HEREBY WAIVE ANY RIGHT THAT YOU MAY HAVE, BY OR ON BEHALF OF YOURSELF, YOUR SPOUSE OR ANY CHILD (MINOR OR OTHERWISE), TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST HEALTH CLUB OR EMPLOYER BENEFIT PROVIDER FOR NEGLIGENCE OR ARISING OUT OF OR RELATING TO PARTICIPATION BY YOU, YOUR SPOUSE OR CHILD IN ANY OF THE ACTIVITIES, OR USE OF THE EQUIPMENT, FACILITIES OR SERVICES WE PROVIDE AS DESCRIBED IN THIS PARAGRAPH, OR ON ACCOUNT OF ANY ILLNESS OR ACCIDENT, OR DAMAGE TO OR LOSS OF YOUR PERSONAL PROPERTY.

7. Cancellation Rights applicable to Corporate Memberships continue on the reverse or affixed pages.

Signature of Member _____

Date _____

Member Name _____

Address _____ City _____ State ____ Zip Code _____

Telephone: (____) _____ (Day)

(____) _____ (Evening)

Email address: _____

Fitness Int'l, LLC Signature: _____

(For L.A. Fitness Chicago-Streeterville to complete)

Once complete, please return to Northwestern University, University Services, Attn.: Fitness Club Manager, 1801 Maple Ave, Suite 2300, Evanston, IL 60201-3150. Or fax to 847.491.3849

CANCELLATION RIGHTS - NORTHWESTERN UNIVERSITY CORPORATE MEMBERSHIPS

A. CANCELLATION WITHIN 7 DAYS. You have the right to cancel this Agreement by sending written notice of cancellation within seven calendar days after the Agreement date (or within 3 business days after the first business day after the Agreement date, if later) and all monies paid pursuant to this Agreement will be refunded to you. If you cancel in accordance with this paragraph, please return with your notice your membership card, and any other documents received evidencing membership in the club. To cancel, send written notice, by registered or certified mail to L.A. Fitness LLC P.O. Box 54170 Irvine, CA 92619-1300. Upon cancellation, we will send your refund to you within 30 days after receipt of a written cancellation notice.

B. CANCELLATION UPON DEATH OR DISABILITY. If Buyer or Member dies or Member becomes disabled whereby Member is unable to use or receive all services contracted for, Buyer may cancel Member's membership by sending written notice of cancellation by certified or registered mail to L.A. Fitness LLC P.O. Box 54170 Irvine, CA 92619-1300, and Buyer or Member's estate, as the case may be, shall be liable for only that portion of the charges allocable to the time prior to the death and/or onset of such disability. You agree to supply the Company's consulting physician with satisfactory written evidence of death or disability. The cancellation notice for disability should include the following information: diagnosis, extent of disability, date of onset and estimated duration of disability. Member agrees that we may verify Member's disability directly with Member's physician and Member consents to the release of any medical information to us related to Member's disability. If you cancel in accordance with this paragraph, return Member's membership card and any other documents evidencing Member's membership in the club.

C. CANCELLATION UPON RELOCATION. Buyer may cancel Member's membership if Member permanently relocates his or her residence more than 5 miles from the club of enrollment or any other club which Member is entitled to use under the membership plan chosen or any club with comparable facilities and services which will honor the membership at no additional charge. You may also cancel Member's membership if Member resided or worked within the City of Chicago at the time this Agreement was signed and Member permanently relocates his/her residence or primary place of work outside the City of Chicago. To cancel under this paragraph, send written notice of cancellation by certified or registered mail to us at the address listed in Paragraph B along with any of the following items as proof of Member's new permanent residence: a current and valid lease, a utility bill, a bank statement or credit card bill, a yellow change of address label indicating mail was forwarded to Member's new address by the post office, or Member's new driver's license with issue date. Confirmation from employer is required if cancellation is due to relocation of primary place of work outside the City of Chicago. You agree to return Member's membership card and any other documents received evidencing Member's membership in the club. Your cancellation will be effective only when we receive all these items.

D. OTHER CANCELLATION RIGHTS. You may cancel this Agreement if L.A. Fitness Chicago-Streeterville formerly The River East Club or your club of enrollment permanently closes. To cancel under this paragraph, return to at the address listed in Paragraph B of this Agreement, your membership card and any other documents you received evidencing your membership in the Club. Your cancellation will be effective only when we receive all these items. Also notify Northwestern University.

E. CANCELLATION UPON DISASSOCIATION WITH NORTHWESTERN UNIVERSITY. Buyer may cancel Member's membership upon written notice to the Club at the address listed in Paragraph B, if Member or Member's spouse's (or partner's) association as faculty, staff, student, fellow, postdoc, or resident with NU concludes. Also Notify Northwestern University.

—Buyer“ refers to Northwestern University; —Member“ refers to individual users of memberships; —you“ refers to Buyer; —us“, —we“, —Club“ and —Company“ refer to L.A. Fitness Chicago-Streeterville formerly The River East Club. —Agreement“ and —Contract“ refers to the agreement(s) under which Member utilizes a Club membership. Contract may not require payment of a total amount in excess of \$700 per year per member. The Club will accept notice of cancellation pursuant to any of the above provisions from Buyer or Member.

**NORTHWESTERN UNIVERSITY
ALIEN TAX STATUS FOR GYM SUBSIDY SCHOLARSHIP**

Instructions: **Complete the Alien Tax Status Form and W8-BEN Part I in their entirety.**

Leaving any fields blank in the W8-BEN will result in a DELAY in your gym membership subsidy.

Make sure to include BOTH your U.S. and foreign address in Part I of the W8-BEN.

You MUST complete Part B and submit a copy of your passport, visa, I-94, and immigration document (I-20 for F-1, DS- 2019 for J-1, or I-797 for H-1B). Otherwise, your request will be DELAYED.

Part A (Demographic)

Name:	Student or Employee ID:
U.S. Social Security Number (SSN) or ITIN, if applicable:	Country of Citizenship/Country Issuing Passport:
Country of Tax Residence:	Email:

Current Immigration status (i.e. F-1, J-1, H-1B, work permit):	Date you entered The U.S. in that status:
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Part B (Residency Status)

**MUST LIST ALL VISA/IMMIGRATION ACTIVITY IN THE LAST 3 CALENDAR YEARS
AND ALL F, M, J, OR Q VISITS SINCE 1985. Use an additional sheet of paper if necessary.**

Date or Entry	Date of Exit	Visa/Immigration Status	J-1 subtype (if applicable)	Primary Activity	Have you taken treaty benefits on this status?

Part C (Treaty Benefits)

	Yes	No
1- If your scholarship is covered by a treaty agreement between the United States and your home country, and you have a U.S. issues tax ID, do you wish to claim exemption from United States and Illinois tax based on the treaty agreement?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify under the penalties of perjury that all of the above information is true and correct. I understand that I must submit a new Alien Tax Status form if my status changes from that indicated on this form and I am still receiving the gym membership subsidy.

Signature of Alien	Date
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Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. February 2014)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury Internal Revenue Service

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben. ► Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
• You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) W-8ECI
• You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
• A person acting as an intermediary W-8IMY

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner 2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.
City or town, state or province. Include postal code where appropriate. Country
4 Mailing address (if different from above)
City or town, state or province. Include postal code where appropriate. Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 6 Foreign tax identifying number (see instructions)
7 Reference number(s) (see instructions) 8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____
Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
• The person named on line 1 of this form is not a U.S. person,
• The income to which this form relates is:
(a) not effectively connected with the conduct of a trade or business in the United States,
(b) effectively connected but is not subject to tax under an applicable income tax treaty, or
(c) the partner's share of a partnership's effectively connected income,
• The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)