

NU Chicago Campus Fitness/Recreation Benefits Application

(Note: This offer is exclusive to the Chicago NU Community. NU paid employees must work at least 18 hours a week on a consistent basis in order to qualify. Temporary employees are not eligible for this benefit.)

Applicant Information

Full Name: _____

Spouse or Domestic Partner (if applicable) _____

Street Address: _____

City, St, Zip: _____

Home phone: _____ Cell Phone: _____

Emergency contact name: _____ Phone: _____

E-mail Address(es): _____

7-digit Employee/Student/GME ID # _____ Graduation/Completion Date: _____

School/Dept: _____ Program Name: _____

Campus Address (if applicable) _____

Annual Membership Type/Fee (check each appropriate type)

____ NU Paid Employee, Fellow, _____ Spouse/Partner of NU Paid Employee, Fellow,
or Post Doc (\$480) or Post Doc (\$480)

____ NU F-T Student (\$156) _____ Spouse/Partner of NU F-T Student (\$156)

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

Note: If you fit more than one category, pick your primary status at NU. For example, if you are a full-time employee taking classes part-time, choose "Employee."

_____ **Check here if you are an NU paid employee choosing to pay \$480 via monthly payroll deductions of \$40.00/mo. McGaw employees (residents) are not eligible for this option.**

Check Frequency: Bi-Weekly **or Monthly**

If your employment or enrollment status changes, you are required to notify University Services immediately. For example, if you separate from the University or McGaw, graduate, take a leave of absence, or change status from full-time to part-time student, or no longer work or study in Chicago notify University Services at 847-467-0662 or s-marrougi@northwestern.edu. Cancellation provisions can be found in the Holmes Place Membership Agreement. Also, if your contact information changes, notify us immediately.

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.

Liability 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 _____ / /
x _____ (spouse/domestic partner) / /

Please return this completed application (and either check the payroll deduction option above or include a check made payable to Northwestern University for the appropriate annual membership type/fee) and the Holmes Place application/waiver (which can be found at www.univsvcs.northwestern.edu/fitness/masterwaiver.pdf) to: Northwestern University, University Services, Attn.: Fitness Club Manager, 1801 Maple Ave, Suite 2300, Evanston, IL 60201. For spouses, include a copy of your marriage certificate. For domestic partners of NU Employees, you must have a completed "Declaration of Same-Sex Domestic Partner Relationship" form on file with Benefits in Human Resources. This form can be found at www.northwestern.edu/hr/benefits/forms/domestic-register.pdf. For same-sex domestic partners of non-employees, complete and submit the form to University Services. If you elect to pay via payroll deduction, this application may be faxed to (847) 491-3849. **Applications, renewals and payment must be received by our office by the 22nd of every month in order to start the following month.**

Application Rates Expire on 11/23/09