

# **NU Chicago Campus Fitness/Recreation Benefits Application**

(Note: This offer is exclusive to the Chicago NU Community. NU paid employees must work at least 17.5 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 (Apt. #): \_\_\_\_\_

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)

- |   |   |
|---|---|
| <input type="checkbox"/> NU Paid Employee, Fellow,<br>or Post Doc (\$540) | <input type="checkbox"/> Spouse/Partner of NU Paid Employee, Fellow,<br>or Post Doc (\$564) |
| <input type="checkbox"/> NU F-T Student (\$186)                           | <input type="checkbox"/> Spouse/Partner of NU F-T Student (\$186)                           |
| <input type="checkbox"/> NU P-T Student or<br>McGaw Resident (\$372)      | <input type="checkbox"/> Spouse/Partner of NU P-T Student or<br>McGaw Resident (\$372)      |

**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 appropriate box(es) if you are an NU paid employee choosing to pay via monthly payroll deductions.**

Employee \$45.00:  Spouse \$ 47.00. 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-marrongi@northwestern.edu. Cancellation provisions can be found in The River East Club 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.

To verify your eligibility to use its facility, the Chicago Park District will refer to the list of member names which Northwestern forwards to the district. Please be aware that you will be required to show a valid Northwestern Wildcard or a government issued photo ID to use City of Chicago Park District Lake Shore Center facility.

## 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 River East Club application/waiver (which can be found at [www.northwestern.edu/uservices/fitness/applying.html](http://www.northwestern.edu/uservices/fitness/applying.html)) to: Northwestern University, University Services, Attn.: Fitness Club Manager, 1801 Maple Ave, Suite 2300, Evanston, IL 60201-3150.

For spouses, include a copy of your marriage certificate. For domestic partners, you must include a copy of your civil union certificate or "Declaration of Same-Sex Domestic Partner Relationship" form. This form can be found at [www.northwestern.edu/uservices/docs/fitness/DomesticPartnerRegistration.pdf](http://www.northwestern.edu/uservices/docs/fitness/DomesticPartnerRegistration.pdf).

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 22<sup>nd</sup> of every month in order to start the following month.**

**Application Rates Expire on 11/23/12**