

# **POINT PARK UNIVERSITY**

## **STUDENT CENTER - FACILITY USAGE POLICY**

1. Any Point Park verified alumni or employee will be allowed to use the Point Park University Student Center facilities under the guidelines listed below.
2. Membership sessions are per semester and/or monthly. September 1<sup>st</sup> through December 31<sup>st</sup>; January 1<sup>st</sup> through April 30<sup>th</sup>; May 1<sup>st</sup> through August 31<sup>st</sup>.
3. A "membership" fee of \$80 per session will be assessed. A yearly membership session, September 1<sup>st</sup> through August 31<sup>st</sup> is \$200. Monthly fees are \$20. Checks should be made out to Point Park University. Receipt will be given for verification of payment.
4. All members must complete an application form.
5. All members must show proof of health insurance coverage and sign an assumption of risk waiver.
6. All members must obtain an ID card from the Office of Public Safety located on the 3<sup>rd</sup> floor of Frontier Hall. This card will be valid during the session. Replacement cards will be issued with a \$25 charge. The ID card must be carried at all times while in the facility. The ID card is non-transferrable.
7. All members will be required to sign a log sheet to use the 4<sup>th</sup> floor fitness room.
8. All members must adhere to the Point Park University Student Center schedule. There will be times during the year that the facility or part of the facility is not accessible. An updated schedule is available at the Control Desk. No refunds will be given.
9. There are a limited number of memberships available.

**Check One:**

- Fall Membership
- Spring Membership
- Summer Membership
- Yearly Membership
- Monthly Membership

**Check One:**

- Employee
- Alumni
- Contracted Vendor

Member Name: \_\_\_\_\_

Approved by: \_\_\_\_\_

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(For Office Use Only)

Payment Received \$ \_\_\_\_\_

- Cash
- Check No. \_\_\_\_\_

# **POINT PARK UNIVERSITY**

## **STUDENT CENTER**

### **ASSUMPTION OF RISK FORM**

I agree that as a member with the privilege of using the recreational facilities in the Student Center at Point Park University, I am responsible for my own behavior and well being. I acknowledge that I have been informed of the general nature of using the facilities in the Student Center, and I understand that it may involve risks to my personal safety.

Participation in this facility may contribute to, or result in, the loss of, damage to, personal equipment and accidental injury, illness or in extreme cases; personal trauma or death. Risks during participation in this program may include, but are not limited to, getting hit and/or hurt by other participants, getting cut and bruised, getting tendonitis, straining muscles, tearing ligaments, breaking bones, and experiencing head and/or face injury or trauma.

I understand that in the event of accident or injury personal judgment may be required by program personnel regarding what actions should or must be taken on my behalf. Nevertheless, I acknowledge that the University personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance and to take into account my personal health and physical condition prior to my decision to participate.

I further agree to abide by any and all the University's rules applicable to membership in the Student Center at Point Park University; and, I will take responsibility for abiding by specific request made of me for my safety, the safety of others, or the welfare of any general interest concerning the facility. I understand that the University reserves the right to exclude my membership in this facility. I understand that the University reserves the right to exclude my membership in the facility if at any time my participation is deemed detrimental to the safety and welfare of others.

Therefore, in consideration for being permitted to utilize this facility on my own initiative, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of, my property which may occur as a result of my participation or arising out of my participation, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the University. I understand that this Assumption of Risk form will remain in effect during my membership in the Student Center of Point Park University, unless a specific revocation of this document is filed in writing with the Dean of Student Affairs/or other University administrator, at which time my membership will cease.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

In case an emergency situation arises, please contact \_\_\_\_\_ (name) at \_\_\_\_\_ (phone #).

I represent that I am 18 years of age or older and legally capable of entering into this agreement.

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Members Name (please print full name)

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Members Signature

Date

# POINT PARK UNIVERSITY

## STUDENT CENTER – MEMBERSHIP INSURANCE/EMERGENCY INFORMATION FORM

### RETURN FORM WHEN COMPLETED TO:

Point Park University  
Director of Recreation – Sam Kosanovich  
201 Wood Street  
Pittsburgh, PA 15222

Note: Complete all blanks on this form. If information is not applicable, indicate the reason it is not.

### Member Information

Name of Member \_\_\_\_\_  
College Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

### Medical Insurance Information

Medical Insurance Company or Plan: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Is this plan an HMO or PPO? HMO PPO (circle one)  
Is pre-authorization required to obtain treatment? Yes No (circle one)

**PROOF OF CURRENT MEDICAL INSURANCE IS REQUIRED. YOU ARE NOT ELIGIBLE/PERMITTED TO PARTICIPATE AS AN ACTIVE MEMBER IN THE STUDENT CENTER AT POINT PARK UNIVERSITY UNLESS PROOF OF EXISTING MEDICAL COVERAGE IS PROVIDED.**