

**NORTHWESTERN UNIVERSITY DEPARTMENT OF ATHLETICS & RECREATION
FITNESS & RECREATION FACILITY APPLICATION**

Last Name

First Name & Middle Initial

Address & Apartment Number (if applicable)

City

State

Zip Code

Date of Birth: ___/___/___

Home Phone:(___) _____ - _____

Email Address: _____

Work Phone:(___) _____ - _____

Affiliation to Northwestern: _____

Cell Phone:(___) _____ - _____

WildCARD Barcode # _____

In Case of Emergency, please contact:
_____ (___) _____ - _____

Household Family Members:

	Date of Birth	Gender	Pass #
Spouse: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____

Liability Waiver:

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 risk of injury, damages, or other such losses while using fitness and recreation facilities or participating in any program, exercise or activity at Northwestern or on Northwestern's premises. I waive any and all claims against Northwestern University, its trustees, officers, agents, and employees for any such injuries, damages or other such losses.

X _____ / **X** _____
Signature Date Signature Date

X _____ / **X** _____
Signature Date Signature Date

X _____ / **X** _____
Signature Date Signature Date

-----Office Use Only-----

Affiliation: _____ **Verified by:** _____ **Year** ___ **Month** ___ **Pass#** _____