



Des Moines University Wellness Center Alumni Agreement

I understand that the privilege of utilizing Des Moines University's Wellness Center is extended to me as an alumnus/na under the following conditions:

- Usage is permitted for the alumnus/na only.
- Usage does not include family members, friends or guests.
- A Consent and Release form must be signed annually by the alumnus/na and on file at DMU.
- All Wellness Center policies and procedures must be observed.
- All users of the Wellness Center are expected to be responsible, courteous, and safety conscious. Disorderly conduct, abuse or misuse of the facility or its equipment will not be tolerated.
- The primary function of the Center is for students and employees. Any organized activities in the Wellness Center (fitness classes, intramurals, etc.) are given priority.
- To access the Wellness Center, I must scan my DMU photo I.D. badge at the Wellness Center front desk upon entering the Wellness Center every time I enter the wellness facilities.
- The initial fee to obtain a photo I.D. badge is \$10; all replacement badges will cost \$25.

(CREDIT/DEBIT CARDS ONLY – NO CASH OR CHECKS ACCEPTED.)

Furthermore, I understand that any violation of this agreement may result in the revocation of all privileges and de-activation of my access card.

Alumnus/na initial here: _____

Please turn over to complete Consent and Release form.



Des Moines University Wellness Center Alumni Consent and Release

1. In consideration of being allowed to participate in the activities and programs at Des Moines University and to use its facilities, equipment and machinery, I do hereby waive, release and forever discharge Des Moines University and its officers, employees, representatives and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities.

2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Alumnus/na Name: _____

Home Address: _____

City: _____

E-mail Address: _____

Alumnus/na Signature: _____ **Date:** _____

DMU ID Badge Number (from back of ID badge – should be 4 or 5 digit number)

Renewal of prior release form – (can use Wellness Center upon completion of this form)

New (hasn't had Wellness Center Access as Alumnus/na but still has DMU ID Badge - can use Wellness Center upon completion of this form)

New (hasn't had Wellness Center Access as Alumnus/na and doesn't have DMU ID Badge – CAN'T use Wellness Center upon completion of this form – must get badge from security prior to using facility)