



RECREATION & WELLNESS CENTER COMMUNITY MEMBERSHIP APPLICATION

IWU Athletic Office

Email: campusrec@indwes.edu

I. Membership Selection

Check the membership you are applying for. Membership passes grant holder access to community spaces within the RWC during standard hours of operation for the public for a given space.

Dependents 18 years of age or higher must provide a separate application for membership. The dependent may provide their application with the primary applicant's application to be included in a Family Membership.

Individual Memberships

- ☐ Monthly
☐ Yearly (January – December)
☐ 6 Months

Family Memberships

- ☐ Monthly
☐ January - December
☐ 6 Months

Scan for Rates



Family memberships include the applicant and up to four immediate family members. Immediate family refers to the applicant, their spouse, and/or any dependent children by birth, adoption or marriage.

Terms of membership run from January – December of the year of application. All memberships will expire December 31st in the year of application. A new application and release of liability form will be required in each new calendar year.

For current membership pricing, visit <https://www.indwes.edu/rwc>.

II. Personal Information

Name of Applicant: _____ Date of Birth: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Are you an IWU Alumnus? ☐ Yes ☐ No Graduation Year: _____ IWU ID Number (If Known): _____

Have you previously held an IWU Community Membership? ☐ Yes ☐ No If yes, when? _____

If applying for a **Family Membership**, list the names of your immediate family members and Dates of Birth.

Name (First & Last)	Relationship	Age	Date of Birth (MM/DD/YEAR)
1.			
2.			
3.			
4.			

III. Emergency Contact

Name: _____

Relationship: _____

Phone: _____

IV. Health and Fitness Certification

A Release of Liability Form must be submitted for each individual indicated on the Family Membership application.

General Statement of Health & Fitness

I certify that I and all individuals listed on this membership application am/are physically able to participate safely in the activities offered through Indiana Wesleyan University's facilities, and I/we have no health condition or impairment that would limit or prevent my/our safe participation. I/we understand that participation in athletic, recreational, or fitness activities involves inherent risks of injury and that I/we voluntarily assume those risks.

V. Policies and Procedures

1. A primary applicant must be 18 years of age or older to apply for membership.
2. All members must have a signed **ASSUMPTION OF RISK, WAIVER OF LIABILITY & INDEMNITY AGREEMENT FACILITY COMMUNITY MEMBERSHIP / RECREATION & WELLNESS CENTER (RWC)** on file with the Department of Intercollegiate Athletics before access to facilities will be granted. Each family member, including minors, must have an individual signed Release Form.
3. Membership period: January – December. Memberships expire at the end of the calendar year of application.
4. Membership fees must be paid in full upon application acceptance.
5. Membership fees are non-refundable except as explicitly provided in IWU policy.
6. All members must follow the Recreation and Wellness Center (RWC) published rules and guidelines.
7. All members must keep RWC facilities and equipment neat and clean.
8. Facility access and hours of operation follow the University academic calendar and may be limited during holidays or school breaks.
9. Members must sign in and present their membership card at the RWC front desk for each visit.
10. Personal locks may be used for a single visit, but may not extend beyond the single business day. Locks must be removed at the end of each visit. Locker rooms are a multipurpose space and needed for campus and student commitments. Locks that remain on a locker after a business day are subject to removal without notice, per policy on this application, and will not be replaced by the University.
11. Locks are not available for rental.
12. The RWC is not a public fitness club/wellness center. Its primary mission is to serve IWU students, faculty, and staff. Community memberships are a privilege and courtesy, and may be revoked at any time.
13. Minors must be accompanied by a legal guardian/parent at all times.
14. Illegal substances and weapons are not permitted on campus property, including the RWC, at any time. Items identified will be immediately reported to Campus Police and result in immediate removal from campus, as well as permanent suspension of current and any future memberships in the Recreation & Wellness Center.

VI. Indiana Wesleyan University Community Lifestyle Standards

Indiana Wesleyan University, as a Wesleyan Christian community, seeks to honor Christ by integrating faith, learning, and living. Members are expected to uphold standards consistent with Christian character, integrity, and mutual respect as described in IWU's Community Lifestyle Statement. Participation in this community requires adherence to behavior reflecting Christ-like virtues and avoidance of activities or materials inconsistent with biblical teaching, including but not limited to: theft, dishonesty, gossip, vulgarity, sexual immorality, intoxication, or the use of illegal substances. Members are expected to avoid the use of tobacco or alcoholic beverages on or off campus.

VII. Additional Member Acknowledgments

Please review and **initial** each item below:

- ____ I (and all members indicated on this application) have read, understood, and signed the IWU **ASSUMPTION OF RISK, WAIVER OF LIABILITY & INDEMNITY AGREEMENT FACILITY CLUB MEMBERSHIP / RECREATION & WELLNESS CENTER (RWC)**.
- ____ I certify that, to the best of my knowledge, I and all members indicated on this application am/are physically able to participate safely in the activities offered through Indiana Wesleyan University's facilities. I/we understand that participation in athletic recreational, or fitness activities involves inherent risks of injury, and I/we voluntarily assume those risks.
- ____ I/we agree to follow all IWU safety requirements, including the use of recommended protective equipment (e.g., helmets for climbing).
- ____ I/we understand that IWU does not provide accident, health, or personal property insurance for members, and I/we am responsible for my/our own coverage.
- ____ I/we grant permission for IWU to use photographs or recordings of me/us (and/or my minor child/dependents) for University promotional

purposes.

____ I/we acknowledge that all membership fees are non-refundable except as explicitly stated in IWU policy.

____ Each family member listed above will submit a separate signed Release Form prior to facility use.

VIII. Membership Discount (If applicable.)		
Name (First & Last)	Eligibility Category (ie Alumni)	Internal – Discount %
1.		
2.		
3.		

IWU Recreation and Wellness is pleased to offer a discount to the populations shared below. If applicable, please provide the requested information above for review by the RWC. One discount per membership application. Multiple discounts may not be applied or stacked.

25% Discount Alumni/Graduates of IWU, Individuals 65+ Years

50% Discount Actively Serving Pastors, First Responders, Veterans/Military Personnel

100% Discount Retired IWU Staff/Faculty (Per HR Definition and Policy)

For verification of discount eligibility:

Active pastors may provide a link to their church's website for a site directory or business card.

Retired IWU Staff/Faculty and **alumni** status will be confirmed using IWU ID number and internal systems.

First Responders and **veterans/military personnel** may provide proof of service relevant to position.

Individuals 65+ will be confirmed using date of birth.

Verification may be sent to campusrec@indwes.edu or provided at time of application.

IX. Certification

I, _____ ("Applicant"), and each member included on this membership application agree to follow and abide by all the Membership Policies and Procedures, the Indiana Wesleyan University Community Lifestyle Standards, and the Additional Member Acknowledgments listed above. I/we understand and agree that failure by myself or any family member to comply may result in immediate revocation of Community Membership without refund.

Applicant Signature: _____

Today's Date: _____

Internal Office Use Only

Application **Date Received:** _____ **Processed By:** _____

Membership Status

Approved ☐

Denied ☐

Notes

Member ID Numbers & Release of Liability for Each Individual on Application

An IWU ID card may not be printed or given to a member without a Release of Liability form on file.

Name: _____ **ID:** _____ **Waiver Received:** Yes _____ No _____

Name: _____ **ID:** _____ **Waiver Received:** Yes _____ No _____

Name: _____ **ID:** _____ **Waiver Received:** Yes _____ No _____

Name: _____ **ID:** _____ **Waiver Received:** Yes _____ No _____

Name: _____ **ID:** _____ **Waiver Received:** Yes _____ No _____