

**OSU-M/NC STATE  
CAMPUS RECREATION CENTER  
ALUMNI PASS APPLICATION FORM**

*Any Ohio State University or North Central State College Alumni may purchase an Alumni Pass.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Please mark which pass you would like to purchase in the far-right column:

<b>2023-2024 School Year</b>		
School Year	8/21/2023 – 4/30/2024	\$40
Fall 2023 – Full	8/22/2023 – 12/14/2023	\$20
Fall 2023 – Prorated	10/16/2023 – 12/14/2023	\$10
Spring 2024 – Full	1/8/2024 – 4/30/2024	\$20
Spring 2024 – Prorated	3/1/2024 – 4/30/2024	\$10

**A copy of your Photo ID is required. The fee associated with your pass must be handed in with the completed application form. Cash or check only.**

I hereby certify that to the best of my knowledge the above information is correct.

\_\_\_\_\_  
(Signature)

**FOR OFFICE USE ONLY:**

Application Taken By: \_\_\_\_\_ Date: \_\_\_\_\_  
(CRC Staff Member)

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CAMPUS RECREATION CENTER ALUMNI PASS POLICIES**

- Once your application form is approved by the CRC Coordinator, you'll receive a special "Alumni Pass" that grants you access to our facility during all open recreation hours
- Your pass will be ready for pickup at the CRC check-in desk within 48 hours of form completion (unless otherwise noted), and the CRC Coordinator will be in touch with you to let you know it's ready
- To use the facility, simply present your alumni pass to the Student Assistant at the check-in desk every time you visit
- Please note that your pass will expire, and when that happens, you'll need to fill out another application and pay another fee to continue utilizing the CRC facility
- As an alumni pass holder, you're allowed to bring up to two (2) guests per visit at no additional cost
  - If your guests are first-time visitors this school year, they'll need to fill out a Guest Registration Form
  - Additionally, your guests must always remain with you, and they must also check in and provide a photo ID at each visit

**The Ohio State University at Mansfield & North Central State College**  
**Campus Recreation Center**  
**Acknowledgment of Risk, Release, Waiver of Liability, and Medical Authorization for**  
**Participants**

In consideration of being permitted by OSU-Mansfield and NCSC to use its facilities and/or participate in any programs or activities offered by them, I agree to the following:

I hereby acknowledge the inherent risks associated with using fitness equipment, equipment on the premises, but not owned by OSU-M and NCSC, facilities, as well as participating in “virtual” or “online” programs and events, and that such risks include, but are not limited to:

1. Falling and making contact with solid surfaces, including the floor;
2. Collisions with others associated with exercise or group activities.
3. Failure of fitness equipment, including but not limited to, treadmills, stair climbers, elliptical machines, and weight machines;
4. Failure to follow employees’ or other authorities’ instructions or failure to ask for information or assistance;
5. Overuse injuries; and/or
6. Injuries resulting from the actions or omissions of myself or others using the facilities and equipment.

I understand that these risks carry with them the possibility of serious or debilitating injury or death, including losses that may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others. I further understand the dangers and risks of participation in the above activities may result not only in serious injury but in a serious impairment of my future abilities to learn, earn a living, engage in other business, social and recreational activities, and generally enjoy life.

Despite the inherent risks associated with these programs and activities, some of which are outlined above, I consent to my participation in such activities at OSU-M and NCSC. I acknowledge that I am in good physical condition and that I know of no allergies, physical impairments, disabilities, or other conditions or reasons that would prevent me from safely participating in such activities.

I agree that I will be required to abide by all rules and regulations and that if I fail to abide by such rules and regulations, I will not be allowed to participate in any further programs or activities.

In consideration for being granted the opportunity to participate in the activity described above, arranged in part, or located at OSU-M and NCSC, I, myself, my executors, administrators, heirs, and assigns, do hereby release and forever discharge OSU-M and NCSC from any and all claims for loss, damage, injury or cost, and any action whatsoever, including but not limited to those based on negligence, that I might have myself or could bring on my behalf, and which arise in any manner out of my participation in this activity. I understand that

this Release means, among other things, that I am giving up my right to sue OSU-M and NCSC for any such loss, damage, injury, or cost that I may incur. I also hereby agree that in the event any claim arising out of or incidental to personal injury, death, or any damages to me shall be filed against any Released Parties, I shall indemnify and hold harmless such Released Parties against all claims, including attorney fees incurred by the Released Parties in defending any such claims.

In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with programs or activities, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of OSU-M and NCSC, including student employees, or emergency personnel, (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that should any such medical care or treatment be necessary; I am fully responsible for all costs associated with such care and treatment and I agree to hold OSU-M and NCSC harmless from all costs associated with such treatment.

**I ACKNOWLEDGE THAT BY SIGNING FOR MYSELF AND/OR MY MINOR LEGAL DEPENDENT, I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.**

\_\_\_\_\_  
Full Legal Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Minor's Legal Name (Printed)

\_\_\_\_\_  
Minor's Date of Birth

\_\_\_\_\_  
Minor's Legal Name (Printed)

\_\_\_\_\_  
Minor's Date of Birth

\_\_\_\_\_  
Minor's Legal Name (Printed)

\_\_\_\_\_  
Minor's Date of Birth