

UNCSA FITNESS CENTER

2009



**REGULAR HOURS OF OPERATION:**

Monday – Thursday:

6:30 am – 10:00 pm

Friday:

6:30 am – 8:00 pm

Saturday:

1:00pm – 6:00 pm

Sunday

3:00 pm – 10:00 pm

**FEATURES:**

- Full size gymnasium with basketball goals and indoor volleyball capabilities
- 4,200 sq. ft. weight area with free weights and Cybex equipment
- Twelve aerobic machine stations
- 25-meter swimming pool for lap swimming and water aerobics
- 1,100 sq ft. Group Exercise Studio offering a wide variety of classes
- Locker rooms
- Lounge area, vending machines, and an outdoor patio

**UNCSA Fitness Center**  
1533 S. Main Street  
Winston-Salem, NC 27127  
Phone: 336.770.3286  
Fax: 336.770.1232

*The University of North Carolina School of the Arts' Division of Student Life exists to help students balance an intense educational experience by not only helping them learn life's basics, but also by educating students on how to attend to their overall wellness. Through this, the Fitness Center is dedicated to advocating the physical fitness and overall well being of the student artists, faculty, and staff of UNCSA. The Fitness Center provides a full spectrum of health promotion programming centered on holistic wellness. These may range from stress reduction therapy & physical training programs for each arts department, all the way to health and wellness education programs to help students grow in their daily lives and learn to achieve an optimal state of wellness.*

UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FITNESS CENTER

**POLICY REVIEW**

Your understanding of operational policies helps ensure an inspiring, safe and convenient environment for all UNCSA students and employees. Your initials next to each box and signature at the end of this form indicate your understanding and agreement to abide by these policies as a member at the UNCSA Fitness Center.

- \_\_\_\_\_ **Facility Hours:**  
Your presence in the facility before or after posted hours is prohibited.
  
- \_\_\_\_\_ **Membership Cancellation:**  
Send or return completed "Payroll Cancellation" form to the UNCSA Fitness Center. Your payroll deduction will **NOT** stop until you submit the form. Forms submitted after the 5<sup>th</sup> of each month will not take effect until the following month. A 1-year waiting period is applicable before rejoining.
  
- \_\_\_\_\_ **Daily Use Lockers:**  
Lockers located in the bathrooms are *for daily use only*, unless purchased for rental. Locker fees are \$25.00 per term or \$75.00 per year. Locks left off lockers that have not been rented and other items left overnight will be removed. The UNCSA Fitness Center is not responsible for lost /stolen items.
  
- \_\_\_\_\_ **Code of Conduct:**  
The goal of UNCSA is to provide all its students and employees with an exercise environment free from any type of discrimination, harassment, or offensive conduct. The UNCSA Fitness Center upholds and expects each member to abide by UNCSA's established values and behaviors while using the facility:
  - No smoking
  - No profanity
  - No hitting
  - Respect yourself, others, and their property
  - Shirts and proper shoes are required in weights and aerobic areas. (No open-toed shoes in weight areas)
  - No running in cardio, weight, or swim areas (Basketball Court ONLY)
  - No bouncing balls in cardio or weight area
  - No improper use or disrespect of equipment (Do not drop weights)
  - No Public Displays of Affection
  - Dispose of trash you generate
  - Do not spend more than 30 minutes on any one machine
  - No black soled shoes on basketball court
  - Do not exit through emergency exits

**I have reviewed and understand the policies stated above.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## RELEASE OF LIABILITY

With respect to my participation in the University of North Carolina Fitness Center, I understand that there may be health risks associated with activities requiring physical exertion.

I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in any exercise activity offered by the UNCSA Fitness Center, and using equipment with knowledge of the dangers involved. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my physician prior to my commencing exercise and will periodically review my status and program with my physician.

It is further understood that the UNCSA Fitness Center staff will not be monitoring my individual use of the Fitness Center or exercise equipment. I understand that the Fitness Center staff members are not medical professionals.

If I experience any dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, or any other symptoms while exercising, I will discontinue the activity, notify the UNCSA Fitness Center staff and consult my physician. In addition, I shall immediately cease using any equipment that appears to be malfunctioning and report it to a UNCSA Fitness Center staff member.

In consideration for being allowed to participate in the UNCSA Fitness Center, I hereby agree to assume all risk of such exercise, and further agree to fully release UNCSA from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims, that may result from any injury or death, accidental or otherwise, during, or arising in any way from, the UNCSA Fitness Center, except where such claims arise out of the negligence or intentional acts of UNCSA.

I acknowledge that I have read this Informed Consent and Release of Liability and that I am freely and voluntarily signing it.

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
Witness Name (Print)  
*UNCSA Fitness Center Staff Person*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Signature  
*UNCSA Fitness Center Staff Person*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**MEMBERSHIP PAYMENT INFORMATION**

**NAME (PRINT)** \_\_\_\_\_

**DEPARTMENT/SCHOOL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MEMBERSHIP TERM (SPECIFY TERM OR YEAR ROUND):** \_\_\_\_\_

**MEMBERSHIP TYPE (SELECT ALL THAT APPLY):** **AMOUNT PAID**

\_\_\_\_\_ **STAFF/FACULTY/ALUMNI**      **\$40 EACH TERM/\$160 YEAR**      \_\_\_\_\_

\_\_\_\_\_ **SPOUSE/SIGNIFICANT OTHER**      **\$40 EACH TERM\*/\$160 YEAR**      \_\_\_\_\_

*(\*A one-time \$10 fee will be processed for members  
needing new One Cards to gain access to the Fitness Center)*

**NAME OF SPOUSE/SIGNIFICANT OTHER** \_\_\_\_\_

\_\_\_\_\_ **CHILD MEMBERSHIP FOR SWIMMING**      **\$20 EACH TERM (PER CHILD)**      \_\_\_\_\_

**NAME OF CHILD OR CHILDREN** \_\_\_\_\_

\_\_\_\_\_ **PARENT(S) MEMBERSHIP**      **\$70 TERM\*/\$280 YEAR (PER PARENT)**      \_\_\_\_\_

*(\*A one-time \$10 fee will be processed for members  
needing new One Cards to gain access to the Fitness Center)*

**NAME OF PARENT OR PARENTS** \_\_\_\_\_

**TOTAL AMOUNT PAID:** \_\_\_\_\_

**PAYMENT TYPE (PLEASE CHECK):**

**CASH**

**CHECK**

**CHECK NUMBER:** \_\_\_\_\_

**DL NUMBER:** \_\_\_\_\_

**I agree to abide by the rules and regulations of the Fitness Center at all times.**

\_\_\_\_\_  
**Applicant Signature** **Date**

\_\_\_\_\_  
**Fitness Center Staff Signature** **Date**