

BEREA COLLEGE – SEABURY CENTER

Member Agreement

The Seabury Center is owned by Berea College and, as such, functions first as an academic building and wellness facility for the campus community. Seabury Center is also home to many of the Berea College Mountaineer athletic teams, serving as both a practice and competition site. We are fortunate to also share the facility with community members and appreciate the unique interactions such a facility allows all users to engage in. The Seabury Center relies heavily upon student labor for management and maintenance. Given this reliance, the hours of operation are somewhat dependent upon the academic calendar. While the building rarely closes for an entire day, there are peak times of operation during the academic year and a revised schedule during the summer and college holidays. Such adjustments are considered when setting member rates.

By signing below, I indicate my understanding of the above statement. I also understand and agree to comply with the following policies at Seabury Center as conditions of my Seabury Center membership. I will be responsible for informing all of those listed on the application of these policies.

Lack of compliance may result in the loss of membership. All Seabury Center memberships are non-refundable and non-transferable.

A copy of this form can be provided upon request.

Building

1. I will present my valid membership card when asked at any point during my visit. This ensures that Seabury Center is used only by those who are entitled to its services and helps protect those in the building.
2. I understand that if I lose my membership card, that I will be charged a \$15.00 fee from Public Safety.
3. I understand that a **PARENT or GUARDIAN, not an older sibling**, must accompany children under 18 years of age. The children must be in sight of the parent. They cannot purchase guest passes for visitors. Guest passes can only be purchased by members who are 18 years of age or older.
4. I will purchase a guest pass and be responsible for any visitors I bring to the building (day pass for \$5; week pass for \$15). A member 18 years or older must be present to purchase guest passes for any guest less than 18 years of age. All passes may be purchased at the Service Desk on the main floor anytime the facility is open. Exact change is always appreciated.
5. I understand that children under 14 years of age are not allowed **to be in or use** equipment in the weight room/cardio room. If they are 14 or 15 years of age, they must be with a parent or guardian, who is responsible for their actions and safety. This also applies to equipment located anywhere in the building.
6. I will act in a respectful manner to all persons in Seabury Center.
7. I will help maintain the building/equipment by wearing shoes that will not damage/mark the floors, cleaning my shoes before entering the building, and using equipment in its intended manner.
8. I understand that no one under 16 is allowed in the Group Fitness classes and that all present must be participating in the class.
9. I understand that an ID is required to checkout equipment and it will be held until the equipment is returned. I understand that charges may be made for equipment not returned at the end of the day, or equipment returned damaged.
10. I will refrain from the use of any non-prescription drug and alcohol consumption while at the Seabury Center.
11. I will not bring food or drinks, other than water (in closed containers), to activity areas. I will not bring any animals into the building.
12. I understand that college activities have priority for use of space in Seabury Center and access to the pool and basketball courts is limited.
13. I understand that school-age children must use same-sex locker rooms.
14. I will not use a cell phone in the locker rooms.
15. I will read posted signs in the entrances and display boards to remain informed of schedule changes.
16. I understand the indoor walking track will be closed during all home basketball games, during other events on the arena floor, as well as during Indoor Track practices.
17. I will bring any complaints to Seabury Center administration and do so in a respectful and collaborative manner.

Ryan Hess, Seabury Center Director (985-3423)

Kiel Emberton, Seabury Center Associate Director (985-3689)

Pool

1. I will shower before entering the pool.
2. I will remove street shoes (those worn outside) before leaving the locker room and entering the pool area.
3. I understand that in order to use the pool, children less than 16 years of age must be with a parent or guardian, who is responsible for their actions and safety.
4. I understand that no one under 16 is allowed in the pool during water exercise classes and that **all present must be participating in the class**.
5. I understand that children just recently or not “potty trained” must wear swim diapers.
6. I understand that to participate in lap swim, you must be 12 yrs old and in the water swimming laps. Children 12-15 yrs old are still to be supervised by parents and are their responsibility.

Signature

Date

BEREA COLLEGE - SEABURY CENTER

Physical Activity Readiness and Liability Release

NAME _____ PRIMARY PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Boone Tavern Community Employee Alumni Retiree Employee Family Guest

Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. This questionnaire will tell you if you should check with your doctor before you start. If you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: circle YES or NO.

1. Has your doctor ever said that you have a heart condition and that you only should do physical activity recommended by a doctor? YES NO
2. Do you feel pain in your chest when you do physical activity? YES NO
3. In the past month, have you had chest pain when you were not doing physical activity? YES NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES NO
7. Is there a physical reason not mentioned above why you should not follow an activity program? YES NO
8. Do you know of any other reason why you should not do physical activity? YES NO
9. Are you unaccustomed to vigorous exercise? YES NO

If you answered YES to one or more questions, talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the questionnaire and which questions you answered YES. You may be able to do any activity you want--as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO to all questions, you can consider becoming more active--begin slowly and build up gradually. This is the safest and easiest way to go. You can also take part in a fitness appraisal--this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

I have read and understand this questionnaire and the representations contained in this document are true and correct. I agree that all of my activities, exercise and use of facilities or equipment at Seabury Center are undertaken at my sole risk, and with the approval of my doctor or at my own discretion. I agree that neither Berea College nor any of its employees or students shall be liable for any actions, claims, losses or demands relating to any of my activities, etc. at Seabury Center or while on the campus of Berea College. I forever release, indemnify, and agree to hold harmless Berea College, its employees and students from any and all liability relating to any of the foregoing.

I affirm that my state of health permits me to participate in Seabury Center activities and I agree to abide by all rules and policies and use good judgment at all times while in the Center. I understand that, while engaging in any activity at Seabury Center, if I should feel any pain, become faint, overly tired or out of breath, I will stop or reduce the activity. If I do not promptly recover, I will immediately report my condition to Seabury Center staff or seek medical attention.

By signing this I understand I will only need to sign this form on a one time unless there are changes to my personal information.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN (for participants under age 18) _____

WITNESS _____ DATE _____