

Student Health & Activities Center (SHAC) Employee Dependent ID Cards

To extend a popular regular full time & retired employee benefit to dependent children (up to age 23) and spouses', ID cards (similar to those required of employees) will be required for those employee dependents who wish to use Owens facilities. IDs will be issued for those family members who qualify following verification of employee status. Dependents who are current Owens students do not qualify for this special "Family ID" plan, as they already possess a student ID

Minor dependents have a yellow background on the ID and are to be accompanied at all times when on Owens property by an adult, either the sponsor or an adult dependent member. All dependent ID cards have the employee sponsor's name on the back of the ID card and a photo of the dependent will be on the front of the ID (see pictures below for samples).

No person shall be admitted without the Owens ID card. The ID card must be displayed at all times and it must be presented upon request by any college authority. All dependent ID cards must be surrendered upon request of the college. All Dependent usage benefits are conditional upon the employee's (sponsor) employment status (i.e., currently employed at the College).

The SHAC family *Application & Release of Liability* form must be completed and verified (send completed forms to Human Resources) before an ID card is issued. ID cards may only be made by appointment with Owens' Department of Public Safety. The employee sponsor must be present with the dependant or spouse when the I.D. Card is issued.

After you have received your confirmation of verification email from Human Resources please call 567-661-7575 to make an appointment.

SHAC FAMILY PASS POLICIES:

FITNESS CENTER GUESTS- Over the age of 18 years old

If a Family Pass Holder is bringing in a guest that is over the age of 18 years old, the guest must pay \$5.00 per visit and sign the Guest Release and Indemnification Agreement.

FITNESS CENTER GUESTS- MINORS between 9-17 years old

A minor is considered anyone between the ages of 9-17 and they must be accompanied by the Family Pass holder at all times. A Family Pass holder can not bring in a minor that is not part of their family pass because only the legal parent/guardian can sign for them.

FITNESS CENTER AGE LIMIT

No one under the age of 9 is allowed into the fitness center, even if they are accompanied by an adult.

WEIGHT MACHINE RESTRICTIONS

No one under the age of 16 is allowed on any of the weight and strength training equipment. They have access to the cardio equipment and other amenities only.

Student Health & Activity Center (SHAC) Family Application & Release of Liability

The **SHAC Family Application** form is to be used by any Employee or Retiree who wishes to sponsor eligible dependents to use the facilities of the Student Health & activities Center (SHAC). Print this form & send to Human Resources for verification. You will be notified by Email when processing is complete & you can schedule your appointment to have the I.D. cards printed.

Sponsoring Employee _____ **OCID** _____

OCC Department _____ **Campus** _____

Work Phone _____ **Home** _____ **Cell** _____

Email Address _____

***PLEASE PRINT ***

Dependent First Name	Dependent Middle Name	Dependent Last Name	Dependent Social Security Number	Relationship to Sponsor	Date of Birth	Former Student or Employee
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

I am the Parent/Guardian of the above-named Dependant(s)/Participant(s) who is/are under eighteen years of age and am fully competent to sign this Agreement.

By signing this form, I give permission for the above listed dependant(s)/Participant(s) to use the facilities of the Student Health & Activities Center (SHAC) at Owens State Community College. I acknowledge that the nature of such use may expose the listed Dependant(s)/Participant(s) to hazards or risks that may result in Dependant/Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Dependant(s)/Participant(s) being permitted to use the facilities of the Student Health & Activities Center (SHAC), I hereby accept all risk to Dependant's/Participant's health and of his/her injury or death that may result from such use and I hereby release Owens State Community College, its governing board, officers, employees and representatives from any and all liability to Dependant(s)/Participant(s), Dependant's/Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Dependant's/Participant's property and for any and all illness or injury to Dependant's/Participant's person, including his/her death, associated with the use of the facilities of the Student Health & Activities Center (SHAC), whether caused by negligence of Owens State Community College, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Owens State Community College and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Dependant's/Participant's negligent or intentional act or omission associated with the use of the facilities of the Student Health and Activities Center.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR DEPENDANT'S/PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO DEPENDANT'S/PARTICIPANT'S PROPERTY THAT OCCURS WHILE USING THE COLLEGE FACILITIES AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY DEPENDANT'S/PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Sponsor Signature _____	Date _____
Dependent#1 Signature _____	Date _____
Dependent#2 Signature _____	Date _____
Dependent#3 Signature _____	Date _____
Dependent#4 Signature _____	Date _____
Dependent#5 Signature _____	Date _____