

Fitness Center Employee Dependent ID Cards

To extend a full-time employee benefit to dependent children (up to age 23) and spouses, ID cards (similar to those required of employees) will be required for the dependents of full-time employees who wish to use the Findlay Fitness Center. IDs will be issued for those family members who qualify following verification of employee status. Dependents who are currently enrolled at Owens 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.

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 sponsor's employment status (i.e., currently employed at the College).

The *Fitness Center Family Application & Release of Liability* form must be completed and verified (send completed form to Human Resources) before an ID card is issued. ID cards may only be issued by appointment with Owens' Department of Public Safety. The employee sponsor must be present with the dependent or spouse when the ID card is issued.

After you have received your confirmation of verification email from Human Resources, please call 567-429-3586 (Department of Public Safety, Findlay Campus) to make an appointment to have your ID made.

Fitness Center Family Application & Release of Liability

The Fitness Center Family Application form is to be used by any employee who wishes to sponsor eligible dependents to use the facilities of the Fitness Center. Print this form and send it to Human Resources for verification. You will be notified by email when processing is complete and you can schedule your appointment to have the ID card printed.

Sponsoring Employee _____ OCID _____

OCC Department _____ Campus _____

Work Phone _____ Home _____ Cell _____

Email Address _____

Dependent First Name	Dependent Last Name	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 Dependent(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 Dependent(s)/Participant(s) to use the facilities of the Fitness Center at Owens State Community College. I acknowledge that the nature of such use may expose the listed Dependent(s)/Participant(s) to hazards or risks that may result in Dependent's/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 Fitness Center, I hereby accept all risk to Dependent'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 Dependent(s)/Participant(s), Dependent'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 Dependent's/Participant's property and for any and all illness or injury to Dependent's/Participant's person, including his/her death, associated with the use of the facilities of the Fitness Center, 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 Dependent's/Participant's negligent or intentional act or omission associated with the use of the facilities of the Fitness Center.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR DEPENDENT'S/PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO DEPENDENT'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 _____