## Welborn Foundation Wellness & Fitness Center Course Reservation Form

The following information is to be verified by the student.

## **COLLEGE REFUND POLICY – NON-CREDIT**

Signature:

Refunds are calculated by scheduled class dates. These are student-initiated refunds that may be received as follows:

Notice of forty-eight (48) hours or more before class starts: 100% Refund
Notice of less than forty-eight (48) hours before class starts: 0% Refund

| Fitness                       | Center Only Option                                 | 0% Refund/Nontransferable   |                                    |   |   |                       |                          |                         |                                    |               |
|-------------------------------|--|-----------------------------|------------------------------------|---|---|-----------------------|--------------------------|-------------------------|------------------------------------|---------------|
|                               | Student/Employ                                     | ree ID Nu                   | mber (C Nur                        | Please print legibly in<br>nber)  |   | Fall                  | Spring                   | Summer                  | <u>2025</u> (Year)                 |               |
| Date of                       | Birth  |                             |                                    |   | _ Please circle one                                 | Male                  | e / Fen                  | nale                    |                                    |               |
| Legal La                      | st Name  |                             |                                    |   | _ Legal First Name                                  | & M.I.                |                          |                         |                                    |               |
| Home Phone<br>Mailing Address |  |                             |                                    |   | Cell Phone  |                       |                          |                         |                                    |               |
|                               |  |                             |                                    |   |   |                       |                          |                         |                                    |               |
| City, Sta                     | ate, & Zip   |                             |                                    |   |   |                       |                          |                         |                                    |               |
| How did                       | l E-mail Address<br>d you hear<br>his class?       |                             |                                    |   |   |                       |                          |                         |                                    |               |
| Select<br>Class               | Course Title                                       |                             | CRN                                | Date(s)   | Day(s)  |                       | Times                    | 5                       |                                    | Fee(s)        |
|                               | Fitness Center C                                   | Only**                      | 40732                              | 1/01/24 – 8/24/25   | Monday – Saturd                                     | lay                   | Building                 | Hours                   | \$59p/p                            |               |
|                               | Members utilizi                                    | complete                    | a Waiver &                         | Release of Liability before   | Center must comp                                    | lete th               | e necessa                | iry paperv              | vork, read th                      | e fitness     |
|                               | It is mandatory access during b                    | to purch                    | ase a key fok<br>ours. Please      | learance form, if require<br>o for \$5 as this is require<br>pick up a Fitness Center<br>fice where you will rece       | ed to scan into the F<br>Key Fob form at the        | itness<br>e Fitne     | Center oi                | n each visi<br>and obta | in a stamp oı                      | n this        |
| ave my lif<br>nderstoo        | e. Additionally, I agre<br>d that costs incurred i | e to comply<br>n the collec | with the pract<br>tions of a delin | mplete and accurate. In case tices of Ivy Tech. I understand quent account, including colleg withdrawn and/or prohibite | I that if I knowingly provection and attorney fees, | ide false<br>shall be | information added to the | n, my enrol             | ke the necessar<br>Iment may be re | evoked. It is |

Date: