

**LAKELAND COMMUNITY COLLEGE**  
**Human Resources Department**

**Request for Access to the Athletic and Fitness Center**

The benefit: Use of the college Athletic and Fitness Center ('AFC') by an eligible employee's spouse, same sex domestic partner, and/or qualifying dependent child<sup>1</sup> over the age of 16 (hereinafter referred to as the 'beneficiaries') so long as the employee remains eligible for college-paid benefits. Use of the facility requires a college-issued identification number ('LID') and college-issued photo ID.

Eligible employees: 1) Full-time faculty; 2) Full-time and partial year administrators, supervisory/professionals and staff; 3) Part-time continuing or non-continuing with benefits (being paid for holidays, earning paid time away) staff

In order to obtain a college-issued photo ID and access to the Athletic and Fitness Center,

- The eligible employee and his/her spouse, same sex domestic partner and/or dependents complete this form.
  - Note: Beneficiaries who do not have a previously-issued LID are required to provide a Social Security number, birth date and address in order for a record to be created in the college's database from which the photo ID can be generated.
- The eligible employee must present the form to the Human Resources Department (C- 2103).
- Three business days after submission of the form to the Human Resources Department, the beneficiary can report to the college Athletic and Fitness Center and request that a photo ID be created.

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**To be completed by Employee:**

I, \_\_\_\_\_, LID \_\_\_\_\_, request access to the AFC for the

Beneficiaries noted below. In so doing, I certify that the individuals noted below are presently my spouse, same sex domestic partner and/or dependents (as defined below) over the age of 16. My spouse, same sex domestic partner and dependents voluntarily assume the risk of participation in fitness activities at Lakeland Community College. As the employee seeking this benefit for a qualifying dependent child, I indemnify Lakeland Community College and its representatives against any and all claims for damages, or personal injuries incurred during the use of the AFC.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by Beneficiaries:**

Name: \_\_\_\_\_ / Date of Birth \_\_\_\_\_ / **LID or** Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

My signature reflects my voluntary assumption of the risks associated with participation in fitness activities at Lakeland Community College. I indemnify Lakeland Community College and its representatives against any and all claims for damages, or personal injuries incurred during the use of the AFC.

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Name: \_\_\_\_\_ / Date of Birth \_\_\_\_\_ / **LID or** Social Security # \_\_\_\_\_

Address:  Same as employee  Other: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

My signature reflects my voluntary assumption of the risks associated with participation in fitness activities at Lakeland Community College. I indemnify Lakeland Community College and its representatives against any and all claims for damages, or personal injuries incurred during the use of the AFC.

\_\_\_\_\_  
<sup>1</sup> For purposes of this benefit, a qualifying dependent child is: 1) your child, stepchild, foster child, or ward who lived with you for more than half of the year; 2) who did not provide more than half of his or her own support for the year, and; 3) who was under age 19 at the end of the year (or was under age 24 at the end of the year and a student, or was any age and permanently and totally disabled).