



THE UNIVERSITY OF ARIZONA

Mel & Enid Zuckerman College of Public Health

Access to Drachman Hall Resources – Student Lounge & Wellness Room

In order to gain access to BOTH rooms, you must sign both sides of this form

MEZCOPH STUDENT LOUNGE (Drachman Hall Room A102)

The MEZCOPH Student Lounge in Drachman Hall (Room A102) has been developed to serve as a space for College of Public Health students (those admitted to the BS, MPH, MS, PhD or DrPH Programs) to relax, study and meet with classmates. The Lounge is outfitted with comfortable furniture, several study tables, a computer, printer and a microwave oven.

Student Lounge Usage Rules

Student Lounge users must:

1. Clean up after themselves
2. Treat the room's furnishings with respect (i.e. not deface, damage, or steal)
3. Turn out the lights when leaving the Lounge
4. Bring own paper for printer use

Student Lounge users must not:

1. Grant non-College of Public Health students access to the room. Non-College of Public Health students should use the facilities developed for them in their respective colleges
2. Use the Student Lounge as a venue for official meetings, as that would interfere with the opportunity for other students to use the room (The room cannot be reserved)
3. Use the student lounge as a sleeping room
4. Stay overnight
5. Engage in disruptive, illegal or illicit activities
6. Remove furniture from the Student Lounge

Card Reader Access

A CatCard Reader has been installed to monitor and grant access to the Student Lounge and Wellness Room. If you are interested in using the Student Lounge and/or Wellness Room, MEZCOPH students must complete this Student Lounge Access Application and bring it, along with a copy of your CatCard to Ryley Tegler in the Office of Student Services – Drachman Hall, A302. Once your status as a student in our academic programs is established, Mr. Juan Carlos Portillo, Building Manager, will enter your name and Catcard ID in the AMEREX security system. This means that when you enter the room by using the CatCard reader, there is a record established that you were there, complete with the time that you entered the room.

I understand that my continued utilization of the MEZCOPH Student Lounge is dependent on my ability to follow the rules stated above. I hereby affirm that I have read these rules and agree to abide by them.

Student Name _____ Student Signature _____

Cat Card Number _____ MEZCOPH Academic Program _____



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MEZCOPH WELLNESS ROOM CONSENT FORM (Drachman Hall, Room A110)

The MEZCOPH Wellness Room has been developed to more fully meet the fitness and health goals for members of the MEZCOPH Community. Americans are increasingly lacking in physical activity, with less than 15% routinely meeting physical activity goals and perhaps as important, most increasing sedentary time through high screen time. This facility is designed to:

- Increase activity during the work day by breaking-up periods of prolonged sitting time
- Provide resources for self-assessment of physical activity and dietary practices/habits
- Enhance healthy behaviors through reliable information
- Reduce stress through stretching, relaxation, and energy expenditure
- Build support among faculty, APS, staff and students in “walking the talk” for public health

I, _____, understand that my participation & utilization of the **MEZCOPH Wellness Room** is completely voluntary. I affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in the use of the wellness room. In consideration of my participation in any exercise program, I hereby release **MEZCOPH and the University of Arizona** (its employees and administrators) from any claims, demands, and causes of action arising from my participation in this voluntary exercise program. I fully understand that if I injure myself as a result of my participation in this exercise program, I hereby release **MEZCOPH and the University of Arizona** from any liability now or in the future including, but not limited to heart attacks, muscle strains, pull or tears, broken bones, shin splints, knee/lower back/foot injuries, and any other illnesses, soreness or injury however caused, occurring during, or after my participation in the exercise program or testing.

I hereby affirm that I have read and fully understand the above.

Student Name _____ Signature _____

CatCard Number _____

Student UA E-mail _____

Emergency Contact Name and Phone Number

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