

# Idaho State UNIVERSITY



*Wellness Center*

For Office Use Only		
Date Received:		
Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # ____	
Received by:	Entered by:	Bengal ID verified:
Issued Pass Number:		

## GET-FIT REGISTRATION

*(Please complete both sides of registration form)*  
**Fall 2009 ❖ August 25th – December 18th**

*Classes are not held Labor Day (September 7<sup>th</sup>) or during Fall Break (November 21st-28<sup>th</sup>).*

<input type="checkbox"/>	<b>COMBO PASSPORT</b> <b>Cardio and Mind/Body</b> \$20 – Students/Student Spouse \$25 – Faculty/Staff/Spouse/Alumni
<input type="checkbox"/>	<b>NEED A YOGA MAT???</b> We have a selection to choose from!  <b>\$18 - YOGA MAT (24" x 68" x 3/16")</b>
<b>A GET-FIT Passport does NOT provide access to Reed Gym or Campus Recreation facilities; a valid Bengal Card is also required.</b>	

**GET-FIT Passport & Mind/Body Refund Policy:** Full refund within 7 days of purchase; 50% refund within 13 days of purchase; no refund after 13 days. Sorry, GET-FIT Passports are NOT prorated.

  
**Idaho State University Rec-Fit Spinning**

Consider also, Campus Recreation REC-FIT SPINNING for only:

**\$20 – 10-Punch Card**  
**\$35 – 20-Punch Card**

**NOTE - PUNCH CARD REQUIRED FOR SPINNING CLASSES**

**Please complete the following information and return to:**  
**Wellness Center (Reed #205A)**

Name:	Bengal ID:	Phone:
E-mail:		Address:
Affiliation with ISU: <input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student Spouse <input type="checkbox"/> Alumni <input type="checkbox"/> Faculty/Staff Spouse		<b>MAKE CHECKS PAYABLE TO:</b>  <b>IDAHO STATE UNIVERSITY</b>

# GET-FIT FALL 2009 SESSION REGISTRATION FORM/WAIVER

## IDAHO STATE UNIVERSITY WELLNESS CENTER & CAMPUS RECREATION ASSUMPTION OF RISK AND RELEASE OF LIABILITY

### PLEASE READ BEFORE SIGNING!

#### Definitions

"Fitness Program" means at the University (defined below) a Wellness Center Group Exercise Training & Fitness ("GET-FIT") Program and Office of Campus Recreation.

"Resource" means any program, service, facility or equipment in the Fitness Program.

"University" means Idaho State University.

"User" means a person to whom University grants a privilege to use any Resource subject to this document's arrangement.

#### Assumption of Risk

In exchange for University granting to User a privilege at the University to use any Resource, I, the signing party, voluntarily assume any risk involved in connection with User participating in or using that Resource. I understand that University staff may not directly supervise User's Fitness Program activity and by participating in or using any Resource, User becomes subject to a risk of injury including, without limitation: any temporary or permanent muscle soreness; sprain; strain; cut; abrasion; bruise; damaged ligament or cartilage; injured head, neck or spine; lost use of any arm or leg; eye damage; disfigurement; drowning; or death. I also recognize that any foreseeable or unforeseeable risk of injury or death may occur as a result of User's participation in or use of the Fitness Program (including any Resource that is not specifically listed). Further, I recognize than any other Fitness Program user's action may cause harm or loss to User's person or property.

#### Release of Liability

**I release the State of Idaho, the University, and each employee, agent or representative of the University (collectively, the "UNIVERSITY GROUP") from any liability, claim, cost, expense, injury or loss – even if resulting from any negligent UNIVERSITY GROUP act – that User sustains as a result of participating in or using any Resource. I also release the UNIVERSITY GROUP from liability arising from any loss or damage that any other Fitness Program user causes to User's person or property.**

If any legally-authorized tribunal determines any part or portion of this Assumption of Risk and Release of Liability to be invalid or unenforceable, then each remaining part or portion is enforceable. I am aware this Assumption of Risk and Release of Liability binds legally both the UNIVERSITY GROUP and me and I sign it of my own free will.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** The University strongly encourages each prospective Fitness Program participant to consult with a physician before participating in any physical activity to determine any potential condition that may adversely affect that prospective participant Fitness Program activity. The University encourages any person having any pre-existing condition to wear a medical alert bracelet or neck tag indicating any appropriate medical information. The University strongly recommends each participant to have a medical insurance policy – either through any University offered plan or through a non-University agency – that covers any injury or illness that occurs due to participation in or use of the Fitness Program including any Resource.

If the signing party has any question regarding this document's language or details before signing, please contact the Wellness Center (Reed #205A) at 282-2117 or the Office of Campus Recreation & Intramurals (Reed #242) at 282-4854.

(revised: 13 August 2009)

**THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT. .**  
[Participants under the age of 18 must have parent/guardian permission prior to participating. Parental signature should be notarized unless the form is completed and signed in front of Wellness Center personnel.]