



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



Spring 2012 GET-FIT Passport

❖ January 9th, 2012 through May 5th, 2012



Classes will not be held on Monday, January 16th (Martin Luther King/Idaho Human Rights Day), February 20th (President's Day) and March 26-30th (Spring Break).

COMBO PASSPORT Registration Form

Cardio and Mind/Body

\$20 – Students/Student Spouse

\$25 – Faculty/Staff/Spouse/Alumni

Sorry, GET-FIT Passport Fees are NOT prorated.

NEED A YOGA MAT???

\$18 - YOGA MAT

Yoga mats are 24" x 68" x 3/16"

A GET-FIT Passport does NOT provide access to Reed Gym or Campus Recreation facilities; a valid Bengal Card is also required.

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 | | | Make check payable to: Idaho State University or ISU | | |

GET-FIT SPRING 2012 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: _____

(If participant is under 18 years of age, parent or guardian must sign)

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 #360) at 282-4854.

(revised: 21 August 2007)

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

[Parent/Guardian: obtain a notary seal on the reverse side at the time of signing this statement.]