



PASSPORT Registration Form

Summer 2022

May 16, 2022, through August 19, 2022

The purchase of a GET-FIT Passport allows access to the in-person and virtual fitness classes offered through the Wellness Center Summer 2022 GET-FIT Program. **The GET-FIT Passport does not provide access to Campus Recreation facilities.** Please present a valid ISU Bengal ID, spouse, or alumni card at the time of registration.

COVID-19 Precautions: In order to keep our participants and instructors safe, we will be implementing the following ISU COVID-19 protocols to reduce/prevent the transmission of SARS-CoV-2:

- **Please do not attend any GET-FIT classes if you are not feeling well**, have a fever or other COVID-19 symptoms, or believe you may have been exposed to someone with COVID-19 or COVID-19 symptoms. Continue to self-monitor for signs of illness, including mild symptoms.
- **Please sign in on the attendance sheets.**
- **Use hand sanitizer** when entering and exiting the classrooms.
- **Maintain at least 6-ft physical distance** between you, other participants, and the instructor.
- **Please sanitize the equipment you use after each class.**
- **Please bring your own water bottle and fitness/Pilates/yoga mat.**

Name: _____ Bengal ID #: _____

Street address: _____ City/State/Zip: _____

Primary phone #: _____ Alt. phone #: _____

E-mail address: _____

ISU Affiliation: Student Faculty Staff Alumni Spouse (student faculty staff)

Please circle one.

Summer 2022 GET-FIT Passport prices:

- ISU Student** – In-person **AND** virtual classes[#] (all archived classes available in Google Drive): \$30
- ISU Community*** – In-person **AND** virtual classes (recorded, Saturday live stream yoga, & archives): \$55
- Non-ISU Community**** - In-person AND vir

[#] Virtual classes are recorded and are accessible by clicking the “Archives” link on the GET-FIT webpage at www.isu.edu/wellness/get-fit

^{*}**ISU Community:** faculty, staff, alumni (with current Bengal ID or Alumni card); spouses of students, faculty, and staff; students who pay reduced-fee tuition; and dual-enrolled high school students.

^{**}**Non-ISU Community:** anyone who is not affiliated with ISU as a student, employee, or alumni.

For Office Use Only

Date Received:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #:
Received by:	Bengal ID verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number Assigned:

IDAHO STATE UNIVERSITY WELLNESS CENTER

GET-FIT PASSPORT

Registration Form/Assumption of Risk and Release of Liability Waiver

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

Definitions

- *"Fitness Program"*: a Wellness Center Group Exercise Training & Fitness (GET-FIT) Program offered at the University (defined below).
- *"Resource"*: any program, service, facility, or equipment in the Fitness Program.
- *"University"*: Idaho State University.
- *"User"*: 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 that any other Fitness Program user's action may cause harm or loss to User's person or property.

Release of Liability

I, on behalf of myself (and minor child, if applicable), my heirs, representatives, executors, administrators and assigns (the Releasing Parties), in consideration for being allowed to participate in this Activity, hereby agree to hold harmless and release the State of Idaho, its State Board of Education, Idaho State University, its members, respective officers, employees, agents or volunteers, (the Released Parties) from any negligently caused injuries or losses related to this Activity. I further agree to defend and indemnify the Released Parties and each of them from any claims, demands, actions, costs, fees, or expenses arising out of losses suffered by or caused by me (or my minor child, if applicable) brought now or in the future by the Releasing Parties or any of them, or by a third party.

Participant (Printed): _____ Minor Participant: _____

Participant Signature: _____ Date: _____

Emergency Contact Name & Number (for minors): _____

(If I am executing this document as a participant and a guardian of a minor child participant, [i.e., age 10 – 17 years], I warrant that I have the legal right to execute this waiver on behalf of the minor. I agree to indemnify the Released Parties in the event representation is not accurate. Minors may not attend classes unless a parent is present. Instructor has the right to remove any minor if disruptive.

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.

(Reviewed/Revised: Jan 2019)