

Spring 2018 Fitness Session 2:

March 5-April 29

Pick 2 Special! Purchase ANY 2 classes* and receive \$10 off
your purchase and a free gift (while supplies last)! Pick 2 also available online at urec.wsu.edu/fitness

Try Something New for the New Year!

Fitness Mash Up - A Little Bit of Everything!

	Class	Days	Time	Location (varies)	Instructor	Chinook/FSFP* Pricing	SRC Pricing	NM Pricing	Item #
☐	Week 1: Yoga Flow	Tues, Thurs	6:00-6:50AM	SRC 256	TBD	NA	\$30	NA	11208
	Week 2: Pilates			SRC 245	TBD	NA	\$30	NA	
	Week 3: Barre			SRC 256	TBD	NA	\$30	NA	
	Week 4: Spin & Row			SRC 252	TBD	NA	\$30	NA	
	Week 5: TRX & Cardio			SRC 256	TBD	NA	\$30	NA	
	Week 6: Kickboxing			SRC 245	TBD	NA	\$30	NA	
	Week 7: BodyPump			SRC 256	TBD	NA	\$30	NA	

Free Fitness FriYAY!

Get your sweat on before the weekend starts!

Class	Days	Time	Location (varies)	Instructor
Week 1: Spin	Friday, March 9	4:00-4:50PM	SRC 252	TBD
Week 2: Yoga	Friday, March 23	4:00-4:50PM	SRC 245	TBD
Week 3: TRX & Cardio	Friday, March 30	4:00-4:50PM	SRC 245	TBD
Week 4: Pink Gloves Boxing	Friday, April 6	4:00-4:50PM	SRC 245	TBD
Week 5: Barre	Friday, April 13	4:00-4:50PM	SRC 256	TBD
Week 6: Strong by Zumba	Friday, April 20	4:00-4:50PM	SRC 245	TBD
Week 7: Pilates	Friday, April 27	4:00-4:50PM	SRC 256	TBD

*FSFP Members can only purchase classes during the regular pass hours, between 11 am and 1 pm

Classes must be purchased at the same time to receive discount. **Refund Policy:** With receipt or proof of purchase, our refund policy is: full refund given within six days after the start of class, 50% refund within thirteen days after the start of class. No refund will be given after 13 days of the start of class. **Class Cancellation:** To keep costs low, all classes are assessed for cancellation at the end of the first week of the session. Participants in classes with low enrollment will be given the option of a full refund or transfer into another class. **Cougar Card:** ALWAYS bring your Cougar Card to class for check in purposes. **Accessibility:** University Recreation values providing programs and activities that are accessible. We are proud to provide equipment and programming that creates an inclusive environment and makes every reasonable effort to be accessible to everyone. Reasonable accommodations are available with adequate prior notification. Students with disabilities who may need accommodations to fully participate in activities at UREC must have accommodations approved through the Access Center (509-335-3417). Contact Joanne Greene at 335-9669 for more information.



Spring 2018 Session 2

PLEASE READ BEFORE SIGNING!

Assumption of Risk, Release of Liability and WARNING

In consideration for being allowed to utilize University Recreation programs, services, facilities and equipment as well as traveling to or from any activity or program organized or affiliated with the University Recreation Department, either on or off any Washington State University properties, I voluntarily agree to assume all risks involved in participating in, traveling to or from, or using University Recreation programs, services, facilities and equipment. I understand that direct supervision by Washington State University staff may not be provided and by participating in, traveling to or from, or using the programs, services, facilities of University Recreation, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, emotional trauma, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in, traveling to or from, or use of University Recreation programs, services, facilities, and equipment that cannot be specifically listed. I also recognize that the actions of other users of University Recreation programs, services, facilities, and equipment may cause harm or loss to my person or property and agree to assume the risks of same.

Release of Liability

I, my heirs and assigns hereby release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I may otherwise sustain as a result of my participation in, traveling to or from, or using University Recreation programs, services, facilities and equipment. I also release the UNIVERSITY GROUP from loss or damage to my person or property caused by other users of University Recreation programs, services, facilities, and equipment. If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and I sign it of my own free will.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

If participant is 17 years old or younger, please use a Youth registration form.

Name (please print): _____

Signature of the Witness to the Signing of this document: _____

Witness Name (please print) _____

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of University Recreation programs, services, facilities and equipment. **If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene at 509-335-9669, SRC Room 250, WSU.**

To register: Please fill in the boxes below, sign the waiver, and return this form to the SRC service counter.

Name:	Email:
WSU ID:	Phone:

