

Fall 2018 Fitness Session 2: October 15-December 9

Registration open 9/24-11/2.

Thanksgiving Break schedule November 18-24. See urec.wsu.edu/fitness for special schedule.

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

Mind/Body – Energize & Stabilize

	Class	Days	Time	Location	Instructor	Chinook FSFP* Pricing	SRC Pricing	NM Pricing	Item #
<input type="checkbox"/>	Pilates, Evening Express @ 90	Mon, Wed	6:45-7:15 PM	Chinook 22	Meghan A	\$21	\$36	NA	13190
<input type="checkbox"/>	Gentle Yoga @ 90, Morning	Mon, Wed	7:00-8:00 AM	Chinook 22	Gabi	\$37	\$52	NA	13191
<input type="checkbox"/>	Mindful Yoga, Warm, Afternoon	Mon, Wed	4:15-5:15 PM	Chinook 22	Joanne	\$37	\$52	NA	13192
<input type="checkbox"/>	Mindful Yoga, Late Evening	Mon, Wed	7:15-8:15PM	SRC 256	Emily S	NA	\$37	NA	13182
<input type="checkbox"/>	Yoga Flow, Early Evening	Mon, Wed	5:10-6:00 PM	SRC 256	Kyle D	NA	\$32	NA	13189
<input type="checkbox"/>	Yoga Power Strength Warm, Early Evening	Mon, Wed	5:30-6:30 PM	Chinook 22	Joanne	\$37	\$52	NA	13193
<input type="checkbox"/>	Yoga Flow @ 90, Evening	Mon, Wed	7:30-8:30 PM	Chinook 22	Jillian	\$37	\$52	NA	13194
<input type="checkbox"/>	Yoga Core, Noon	Mon, Wed	12:10-1:00 PM	Chinook 22	Joanne	\$32	\$47	NA	13197
<input type="checkbox"/>	Gentle Yoga, Noon	Tues, Thurs	12:05-1:00 PM	Smith 115	Deb	\$32	\$32	\$40	13206
<input type="checkbox"/>	Yoga Restorative, Evening	Tues, Thurs	6:00-7:00 PM	SRC 256	Madison	NA	\$37	NA	13187
<input type="checkbox"/>	Mindful Yoga @ 90, Morning	Thursday	7:00-8:00 AM	Chinook 22	Gabi	\$16	\$26	NA	13252
<input type="checkbox"/>	Yoga Core @ 90, Evening	Tues, Thurs	7:00-8:00 PM	Chinook 22	Sloane	\$37	\$52	NA	13200
<input type="checkbox"/>	Yoga Power Strength, Warm	Sat	10:30-11:30 AM	Chinook 22	Kristin	\$16	\$26	NA	13202
<input type="checkbox"/>	Yoga for the Strength Athlete @ 90	Sun	11:00-12:00 PM	Chinook 22	Madison	\$16	\$26	NA	13204
<input type="checkbox"/>	Intro to Yoga, Sunday	Sun	9:30-10:30 AM	SRC 256	Madison	NA	\$16	NA	13184

*A membership or a day/guest pass is required to participate in classes located at the Chinook, SRC and Down Under. A Fitness punch card does not provide access to the SRC or Chinook for non-members. Please note that there is a SRC and FSFP member rate for Chinook classes, which provides Chinook access 20 minutes prior to class to 20 minutes after. Classes must be purchased at the same time to receive pick 2 discount. Please see our website for refund policy. 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. Contact Joanne Greene at 335-9669 for more information.



Fall 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) _____

Name:	Email:
WSU ID:	Phone:

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 Membership counter.

