Summer 2019 Fitness Session 2: June 16-July 27

CrossFit is broad, general and inclusive fitness that seeks to prepare participants for life. This semester you can either choose an introductory class (CrossFit Jumpstart), or purchase a CrossFit pass that will allow access to all of our CrossFit classes. See schedule for details.

Registration open through June, 30, 2019

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

<table>
<thead>
<tr>
<th>Class</th>
<th>Dates</th>
<th>Location</th>
<th>Days</th>
<th>Instructor</th>
<th>Cost</th>
<th>Item #</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSU CrossFit Pass</td>
<td>6/16-7/27</td>
<td>Chinook B40</td>
<td>M-F 11:30 am</td>
<td>Dax, Leah, &amp; Brittany</td>
<td>$67</td>
<td>15220</td>
</tr>
</tbody>
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To Participate in CrossFit, you have options:

**CrossFit Pass:** Purchasing the CrossFit Pass gives you unlimited access to all our CrossFit classes. You will work on the foundational movements of CrossFit while increasing your knowledge of fundamental CrossFit exercises and increasing your work capacity through high intensity WODS (workouts of the day).

**CrossFit JumpStart:** Get started with CrossFit Jump Start! This is a weeklong beginner focused course with the new CrossFitter in mind. This is a fast on ramp to CrossFit with lecture, discussion, and coaching the foundation movements of CrossFit. This 5-day course gives you everything you need to be ready to enroll into the Washington State University CrossFit Pass system.

**Intro to CrossFit:** Register for an Intro to CrossFit course. These classes are eight weeks long and meet twice a week at a reduced cost from the Pass option. The days of the week depend on which section you register for, please see below for specific days and times. Intro to CrossFit classes are beginner focused with an emphasis on slow progression and movement coaching. We offer Introduction classes in the Chinook, and the Down Under Recreation Center, as well as a Women’s Only section!

**Cougar Card:** ALWAYS bring your Cougar Card to class for check in purposes. **Accessibility:** Reasonable accommodations are available with adequate prior notification. Contact Joanne Greene at 335-9669 for more information. **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.
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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 Membership counter.

Name: ___________________________ Email: ___________________________

WSU ID: ___________________________ Phone: ___________________________