

Wellbeing Programs

Fall 2009



Come join the WSU Wellbeing Community!

For a more detailed description of any of our programs, please visit our website, wellbeing.wsu.edu or stop by our new office in **Smith Gym 212**.

| | | Date | Time | Location | Cost |
|--|--|------------------------|----------------|---------------|-------------|
| Environmental Wellbeing Workshops | | | | | |
| <input type="checkbox"/> | Bike Clinic | Thursday, September 10 | 5:00-6:00 pm | ORC Bike Shop | FREE |
| <input type="checkbox"/> | Bike Clinic | Tuesday, September 15 | 5:00-6:00 pm | ORC Bike Shop | FREE |
| <input type="checkbox"/> | Sustainability: Eat Local | Thursday, September 17 | 12:15-12:45 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Bike Clinic | Thursday, October 8 | 5:00-6:00 pm | ORC Bike Shop | FREE |
| <input type="checkbox"/> | Sustainability: Weatherizing your Home | Wednesday, October 21 | 12:15-12:45 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Sustainability: Green Holiday | Wednesday, November 18 | 12:15-12:45 pm | CUE 518 | FREE |
| Financial Wellbeing Workshops | | | | | |
| <input type="checkbox"/> | Creating a Budget | Thursday, September 10 | 4:30 - 5:30 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Understanding Credit | Thursday, October 8 | 4:30 - 5:30 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Planning for Major Purchases | Thursday, November 12 | 4:30 - 5:30 pm | CUE 518 | FREE |
| Healthy Habits Workshops | | | | | |
| <input type="checkbox"/> | Blood Drive | Wednesday, August 26 | 1:00-5:00 pm | SRC Lobby | FREE |
| <input type="checkbox"/> | Motivation Strategies | Tuesday, September 15 | 12:10-12:50 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Health Screenings | Tuesday, September 22 | 4:00-6:00pm | SRC Lobby | See Website |
| <input type="checkbox"/> | Health Screenings | Thursday, October 22 | 4:00-6:00 pm | SRC Lobby | See Website |
| <input type="checkbox"/> | Removing Limiting Beliefs | Tuesday, November 10 | 12:10-12:50 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Health Screenings | Tuesday November 17 | 4:00-6:00 pm | SRC Lobby | See Website |
| <input type="checkbox"/> | Blood Drive | Thursday, December 3 | 1:00-5:00 pm | SRC Lobby | FREE |
| Physical Wellbeing Workshops | | | | | |
| <input type="checkbox"/> | Adding Activity to Your Day | Thursday, September 3 | 12:10-12:50 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Basics of Nutrition | Tuesday, September 22 | 4:30-5:30 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Exercising on the Road | Thursday, October 1 | 12:10-12:50 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Eat This; Not That | Tuesday, October 20 | 4:30-5:30 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Healthy Holiday Habits | Thursday, November 5 | 12:10-12:50 pm | CUE 518 | FREE |
| <input type="checkbox"/> | Nutrition on a Budget | Wednesday, December 2 | 4:30-5:30 pm | CUE 518 | FREE |
| Stress Management Workshops | | | | | |
| <input type="checkbox"/> | Decrease Stress, Increase Resiliency | Tuesday, September 22 | 3:00 - 4:00pm | SRC 256 | FREE |
| <input type="checkbox"/> | Relaxation and Stress Reduction Workshop | Tuesday, September 29 | 4:00 - 5:30pm | CUE 512 | FREE |
| <input type="checkbox"/> | Relaxation and Wellness | Thursday, October 29 | 12:00 - 1:30pm | SRC 245 | FREE |
| <input type="checkbox"/> | Relaxation and Stress Reduction Workshop | Wednesday, November 4 | 4:00 - 5:30pm | CUE 518 | FREE |

With receipt or proof of purchase, Our **refund policy** is: full refunds given until the registration deadline. 50% refunds given until the day of class. Sorry, no refunds given once class begins

Please complete the following and return this form to the Student Recreation Center service counter.

| | | |
|----------------------------|--|--------|
| Name: | Email: | Phone: |
| WSU ID: | Address: | |
| SRC Member? Yes No | If no, please provide Driver's License # | |

Accessibility Info: Reasonable accommodations are available with adequate prior notification. Call Joanne Greene at 335-9669 or Jeff Elbracht 335-9668 for more information.

University Recreation Wellbeing Program

Assumption of Risk and Release of Liability



PLEASE READ BEFORE SIGNING!

Assumption of Risk and WARNING!

In consideration for being allowed to utilize the programs, services, facilities and equipment available in the Wellbeing programs (a unit of the Washington State University, University Recreation Department), 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 the programs, services, facilities and equipment of University Recreation. 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, 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 the Wellbeing program and University Recreation programs, services, facilities, and equipment that cannot be specifically listed. I also recognize that the actions of other users of the Wellbeing programs and 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 the Wellbeing programs and University Recreation.

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.

Name (please print): _____ WSU ID Number (if applicable): _____

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

Witness Name (please print): _____

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 Outdoor Recreation Center 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.**

| | | | |
|------------------|--|---------|--------------------------------------|
| Office Use Only | Date: | Amount: | Invoice #: |
| Form of Payment: | Cash Check Credit Cougar Cash | | Initials: |
| Renewal Bonus: | | | Main office initials (once entered): |