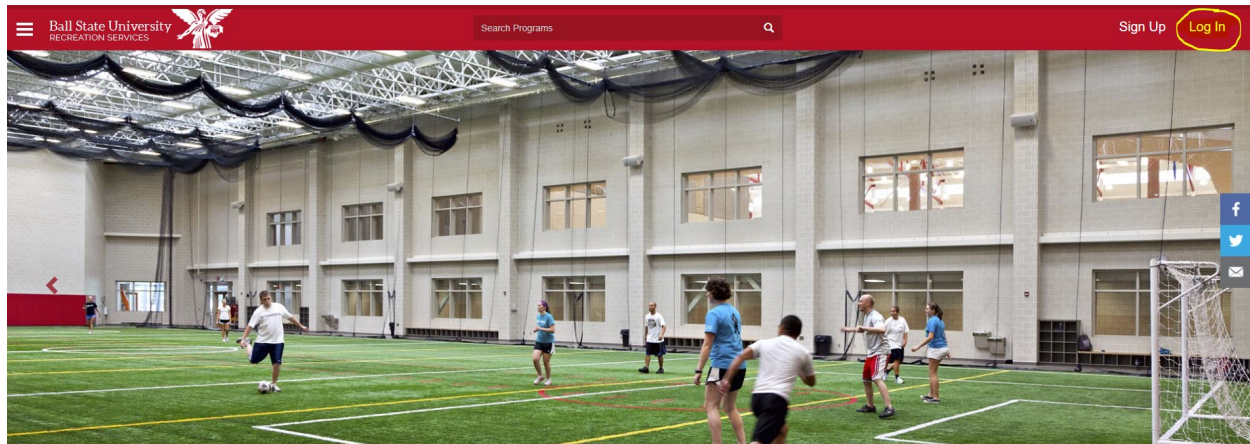


Walk-Thru for how to complete the Rec Fit Waiver in order to gain access to register for Rec Fit Classes

Step 1: Go to <https://recreation.bsu.edu>

- a. Click: Log-in in the upper right-hand corner. Doing so will create a pop-up.



Step 2: Option 1: If you are a current Ball State Student, Faculty or Staff member, please click on “BSU Username and Pa...”.

- a. Option 2: If you are a Retiree, Alumni, or Spouse/Dependent of a Faculty, Spouse/Dependent of a Staff member, please click local.
- b. If you have never signed up before, you will need to sign-up, instead of log-in.
- c. Eligibility: Must be 18 years or older to participate and have affiliation:
 - a. Affiliation: Current Ball State Student, Faculty, Staff, Alumni, Retiree, or Spouse/Dependent of a Faculty/Staff Member.
 - b. Not Eligible: Anyone under the age of 18, community members or non-students.

Ball State students, faculty, and staff should log in with your BSU username and password in the red box below.

Login Options ×

BSU USERNAME AND PA...

LOCAL

Don't Have an Account? [Sign Up](#)

Step 3: Scroll down and Click on Memberships and Waivers.



Programs and Registration



Reserve Rec Fit Classes



Memberships and Waivers



Guest Pass



Membership Renewal



Locker Renewal



Towel and Apparel Service
Renewal



Invoices




Intramural Sports




Facility Hours

Step 4: Click on Rec Fit Group Exercise Waiver 2021




Search Memberships

Search Memberships




ALL ACCESS

Faculty/Staff All Access
Facilities Include: Fitness Room Five-Court Gymnasium Functional Fitness Ball Gym Fitness Room Ball Gym Pool Lewellen Pool RC 141 Closed Until Further Notice: Suspen...




REC FIT

REC Fit Group Exercise Waiver 2021
Rec Fit Waiver




ADULT WAIVER

Climbing Waiver - Adult



MINOR WAIVER


Climbing Waiver - Minor



ALL ACCESS

All Access Gym Membership
Facilities Include: Fitness Room Five-Court Gymnasium Functional Fitness Ball Gym Fitness Room Ball Gym Pool Lewellen Pool RC 141 Closed Until Further Notice: Suspen...


Step 5: Click on Spring Semester and Select Spring Semester from the drop-down option.



Search Programs

Membership Summary

REC Fit Group Exercise Waiver 2021



Please complete the following waiver.

Member Name:

Select Duration:

1

 SPRING SEMESTER \$0.00

CANCEL

ADD TO CART

Step 6: Click “Add to Cart”

Membership Summary

REC Fit Group Exercise Waiver 2021



Please complete the following waiver.

Member Name:

[REDACTED]

Select Duration:

1 SPRING SEMESTER

\$0.00

Date Range:

Spring Semester

Effective Date:

Mon, Mar 1 2021

Until Date:

Fri, May 7 2021

Price:

\$0.00

CANCEL

ADD TO CART

Step 7: The Rec Fit Waiver will display. Please review the waiver and if you are comfortable with the information, click “Accept Now.”

Waiver - Instructional

Memberships

Please read the following waiver carefully

**Ball State University
Recreation Services Instructional Classes Release of Liability**

Acknowledgment of Risk

I, _____, desire to participate in the _____ Recreation Services Instructional Class made available by Ball State University (the “University”), including any and all use of equipment, use of facilities, instruction and supervision involved with such program (the “Program”). I understand that the University encourages me to have a physical examination or health screening and to obtain adequate health and accident insurance prior to participating in recreation activities. I hereby certify based upon my own knowledge and such consultation with a physician, if I have consulted one, that I have no health problems that would interfere with my participation in the Program. I hereby certify that I understand and appreciate that participation in the Program may result in bodily injury or personal injury (whether physical, emotional, and/or psychiatric or any combination thereof), including but not limited to bruises, scrapes, disease, strains, fractures, concussion, partial and/or total paralysis, heat stroke, heart attack, stroke, and death and may result in loss, damage or destruction of my personal property. I further understand and appreciate that such illness, injury, loss, or damage may be caused by the negligence of the University or any of its employees, agents, contractors, or volunteers. My participation in the Program is purely voluntary, and I elect to participate in the Program in spite of the risks. I am voluntarily assuming the risks. I understand that I will be solely responsible for any property loss or damage, and for any physical ailment or injury, including death, I sustain while participating in the Program.

Release of All Claims

In consideration of my participation in the Program, I, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the University, its Board of Trustees, officers, employees, agents, and contractors from any liability, actions, causes of action, claims, or demands of any nature whatsoever, including, but not limited to, a claim of negligence on the part of the University, its Board of Trustees, officers, employees, agents, or volunteers, which I may have as a result of any personal injury, property damage, permanent disability, or death I may suffer in connection with my participation in the Program.

Indemnification of the University

In consideration of my participation in the Program, I, the undersigned user, further agree to INDEMNIFY AND HOLD HARMLESS the University, its trustees, officers, agents, and employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever, including, but not limited to, attorney fees, court costs, and investigatory costs, arising out of or in any way relating to my

Photographic Release

I hereby grant and convey unto the University, acting through one of its officers, employees, agents, contractors or volunteers, to take and utilize, royalty-free, any and all photographic images and video or audio recordings taken of me while participating in the Program. The University retains any and all intellectual property rights in any such photographic images or video or audio recordings of me and may utilize such images or recordings for any purpose the University may determine.

Governing Law and Venue

This Release constitutes the sole and entire agreement made between the parties and supersedes all prior negotiations, written and oral, conversations, correspondence, representations, agreements, proposals, and other communications regarding the subject matter hereof. Any amendment(s) to this Release shall not be valid unless made in writing and signed by both parties. Should any portion of this Release be found invalid or unenforceable, then to the extent that such term is invalid or unenforceable, it shall not affect the validity or enforceability of any other term of this Release. This Release shall be construed, and legal relations between the parties hereto shall be determined, in accordance with the laws of the State of Indiana applicable to contracts solely executed and wholly to be performed within the State of Indiana without giving effect to the principles of conflicts of laws. Any dispute as to any matter in this Release shall be brought in the state or federal courts of Indiana, and venue shall be in the state courts of Delaware County, Indiana or in the federal district court for the Southern District of Indiana, Indianapolis Division.

Agreement to the Terms of this Release

I certify that I am at least 18 years old and have read and understand the terms of this Release. I understand that by signing this Release I am relinquishing substantial legal rights, including the possibility of recovery for injury, whether the injury results from the inherent risks of the Program or the ordinary negligence of the University, its Board of Trustees, officers, employees, agents, contractors and volunteers. I am signing this Release of Liability, after having carefully read the same, of my own free will and, by doing so, fully intend to release the University, its Board of Trustees, officers, employees, agents, contractors and volunteers from liability or loss due to the inherent risks of the Program or the negligence of the University, its Board of Trustees, officers, employees, agents, contractors and volunteers.

I have read, understand and agree to all of the terms of this Release of Liability.

DECLINE WAIVER

ACCEPT NOW

Step 8: Complete the Health History Questionnaire. Answer all questions honestly. If you answer yes to any of the questions regarding health or need to seek medical clearance from your physician, please have your physician complete the following form: <https://www.bsu.edu/-/media/www/departamentalcontent/recreation/services/pdfs/physicians-clearance-form%202021.pdf?>

a. Once all answers are complete, please click “Add to Cart.”

Please review/provide following information

Heart Conditions REQUIRED

Have you ever experienced, or suspect, heart health issues or conditions?

☐ Yes ☒ No

Faint or Dizzy Spells REQUIRED

Have you ever experienced fainting or dizzy spells while exercising?

☐ Yes ☒ No

Epilepsy REQUIRED

Have you every experience seizures or been diagnosed with Epilepsy?

☐ Yes ☒ No

Blood Pressure REQUIRED

Do you have now, or ever had, high or low blood pressure?

☐ Yes ☒ No

Bone or Joint Problems REQUIRED

Have you now, or ever, experienced any bone or joint problems/abnormalities?

☐ Yes ☒ No

Asthma REQUIRED

Have you ever experiences asthmatic symptoms, or been diagnosed with Asthma?

☐ Yes ☒ No

Diabetes REQUIRED

Do you now, or have you ever, suffered from high or low blood sugar? Have you been diagnosed with Type I or Type II Diabetes.

☐ Yes ☒ No

Additional Information REQUIRED

If you answered yes to any of the above questions, please provide an explanation so we may better serve you. If you answered no to all of the above questions - please type "no"

No

Pregnancy REQUIRED

Are you currently, or have you recently been, pregnant?

☐ Yes ☒ No

Emergency Contact REQUIRED

Provide the name and relation of an Emergency Contact

Emergency Contact Information REQUIRED

Provide a phone number for your emergency contact.

Medical Clearance Agreement REQUIRED

The Office of Recreation Services recommends consulting your physician before participating in group exercise classes. By clicking yes or no, you are acknowledging the need to consult a physician, have done so, and/or chosen not to. If you need a physician's clearance form copy and paste the URL below into your internet browser. There is another link in our confirmation email.
<https://www.bsu.edu/-/media/www/departmentalcontent/recreation/services/pdfs/physicians-clearance-form%202021.pdf>

☐ Yes ☐ No

CANCEL

ADD TO CART

Step 9: Click "Check-Out". A pop-up window will then activate.

Shopping Cart

[REDACTED]

O-144130

Item	Customer Name	Quantity	Unit Price	Total	
REC Fit Group Exercise Waiver 2021	[REDACTED]	1	\$0.00	\$0.00	REMOVE

Enter promo code...

APPLY

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

CONTINUE SHOPPING

CHECKOUT

Payment Notice

Step 10: Click "Check Out", again, to complete the waiver.

Proceed to Checkout

Do not click Back or Refresh/F5 on your browser
Processing may take few minutes

CANCEL

CHECKOUT

Shopping Cart

O-144130

Item	Customer Name	Quantity	Unit Price	Total	
REC Fit Group Exercise Waiver 2021		1	\$0.00	\$0.00	REMOVE

Enter promo code...

APPLY

Subtotal:

\$0.00

Tax:

\$0.00

Total:

\$0.00

CONTINUE SHOPPING

CHECKOUT

Payment Notice

During check out please ensure that you have received the accurate pricing as some of our programs have differentiating cost based on affiliation status. This is particularly important when registering dependents. Please contact our office at recreation@bsu.edu or 765-285-1753 for further assistance if you notice an error on your final purchase price.

Refund Policy

Step 11: Once you see the Green Bar that says Payment has been successful, you have completed the Rec-Fit Waiver and can now register for Rec-Fit Classes.

Your order was processed successfully

Payment was Successful

A receipt has been sent to you.

O-144130

Item	Customer Name	Quantity	Unit Price	Total
REC Fit Group Exercise Waiver 2021		1	\$0.00	\$0.00

Subtotal:

\$0.00

Tax:

\$0.00

Total:

\$0.00

Payment Notice

During check out please ensure that you have received the accurate pricing as some of our programs have differentiating cost based on affiliation status. This is particularly important when registering dependents. Please contact our office at recreation@bsu.edu or 765-285-1753 for further assistance if you notice an error on your final purchase price.

Refund Policy