

# Fall 2017 WSU CrossFit

## Session One: August 28 – October 15

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

Crossfit- Forging Elite Fitness					
CrossFit Classes	8/28-10/15	Chinook 40	M/W/F 6:30am	\$75 (CrossFit Pass)	9986
			M/W/F 11:30am		
			T/Th 11:00am (Masters)		
			T/Th 11:45am		
			M/T/W/Th/F 5:30pm		
CrossFit Open Gym			T/Th 7:30-10:00am		
WodAsana (CrossFit and Yoga)			Tue/Th 6:30-8:00pm		
			Tu/Th 6:30-7:45am		
Intro to CrossFit	8/28/10/15	Down Under 101D	T/Th 5:15-6:15pm	\$50	9982
			M/W 7:30-8:30am		9983
		Chinook 40	M/W 4:00pm - 5:00pm (Women's Only)		9984
			M/W 7:45-8:45am		9985
CrossFit Jump Start	8/21-8/25	Chinook 40	4:15-5:15pm	\$20	9988
	8/28-9/1				10001
	10/9-10-13				9990
	10/16-10/20				9991

Chinook: Fall Session One Crossfit Schedule					
	Monday	Tuesday	Wednesday	Thursday	Friday
6:00AM					
6:30AM					
7:00AM	CrossFit Pass 6:30AM-7:30AM	WodAsana 6:30AM-7:45AM	CrossFit Pass 6:30AM-7:30AM	WodAsana 6:30AM-7:45AM	CrossFit Pass 6:30AM-7:30AM
7:30AM					
8:00AM	Intro CrossFit 7:45AM-8:45AM	CrossFit Pass 7:30AM-10:00AM	Intro CrossFit 7:45AM-8:45AM	CrossFit Pass 7:30AM-10:00AM	
8:30AM					
9:00AM					
9:30AM					
10:00AM					
10:30AM					
11:00AM					
11:30AM		Masters CF 11:00AM-11:45AM		Masters CF 11:00AM-11:45AM	
12:00PM	CrossFit Pass 11:30AM-12:30PM	CrossFit Pass 11:45AM-12:45PM	CrossFit Pass 11:30AM-12:30PM	CrossFit Pass 11:45AM-12:45PM	CrossFit Pass 11:30AM-12:30PM
12:30PM					
1:00PM					
5:30PM	CrossFit Pass 5:30PM-6:30PM	CrossFit Pass 5:30PM-6:30PM	CrossFit Pass 5:30PM-6:30PM	CrossFit Pass 5:30PM-6:30PM	CrossFit Pass 5:30PM-6:30PM
6:00PM					
6:30PM					
7:00PM		CrossFit Pass 6:30PM-8:00PM		CrossFit Pass 6:30PM-8:00PM	
7:30PM					
8:00PM					
8:30PM					
9:00PM					

Down Under Gym: Fall Session One Crossfit Schedule					
	Monday	Tuesday	Wednesday	Thursday	Friday
7:00AM					
7:30AM					
8:00AM	Intro To CrossFit 7:30AM-8:30AM		Intro To CrossFit 7:30AM-8:30AM		
8:30AM					
9:00AM					
3:00PM					
3:30PM					
4:00PM					
4:30PM	Intro To CrossFit WOMENS ONLY 4:00PM-5:00PM		Intro To CrossFit WOMENS ONLY 4:00PM-5:00PM		
5:00PM					
5:30PM		Intro To CrossFit 5:15PM-6:15PM		Intro To CrossFit 5:15PM-6:15PM	
6:00PM					
6:30PM					
7:00PM					

**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 or Jeff Elbracht 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.



## Fall 2017

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:

