

BOWLING GREEN SWIM CLUB PARTICIPANT

STUDENT RECREATION CENTER PASSES

General Information

Participant Passes provide access to Cooper or Andrews Pool at the Student Recreation Center during scheduled BG Swim Club practice times. Passes are required regardless of the SRC membership status of the individual swimmer. Passes are not prorated.

Pass Details

Cost:

Pass fees are payable at time of enrollment. Registrations are not accepted without complete payment.

Trial Period:

The first week of a pass period during which members are permitted to withdraw and receive a refund (less a \$7 fee).

Refunds:

Email requests to Chris Ballard. Subject to Recreation and Wellness regular refund terms, refunds are issued only during the trial period or due to injuries, illnesses, or if a member has moved from the area. Documentation verification may be requested.

Errors and Changes:

Pass type selection updates are accepted during the trial period. Email request to Chris Ballard. Balances due at time of first visit after the correction is made. Refunds issued per standard Recreation and Wellness policies.

SRC Facility Policies

Facility Admission:

Valid BGSC pass holders are to enter at the main entrance of the SRC. All SRC users are required to complete a waiver and register their finger vein for facility access. A FOB may be issued if there are difficulties with this process.

Pool or Facility Closures:

In the event the SRC facility or pool(s) are closed, BGSU pass fees are not adjusted. Extended or unanticipated closures may result in extending pass end dates.

View Complete SRC Policies on the website:

<http://www.bgsu.edu/recwell/student-recreation-center/policies.html>

For More Information

Chris Ballard, Assistant Director
cballar@bgsu.edu
419.372.2000
Student Recreation Center
1414 Ridge Road
BG, OH 43403



Enrollment Form

Consult with the Bowling Green Swim Club to determine the appropriate pass to purchase. **Bring this completed form** to the Student Recreation Center Welcome Desk, with payment and signed waiver, prior to your first scheduled practice. Keep the top for your records. **Complete one form per swimmer.**
Payment required at time of enrollment.

Please Print

Swim Club Member's Name _____

Swim Club Member's Birth Date _____

Parent/Guardian(s) Name _____

Address _____

City _____

State _____

Zip Code _____

Email Address _____

Phone Number _____

Select Desired Session

| Session | Dates | Cost | Pass Type |
|---|--------------|-------|-----------|
| <input type="checkbox"/> Age Group Blue - Short Course | 9/14 - 2/13 | \$154 | BGSCG1 |
| <input type="checkbox"/> Age Group Gold - Short Course | 9/14 - 2/13 | \$154 | BGSCG1GL |
| <input type="checkbox"/> Senior Blue - Short Course | 9/14 - 2/13 | \$154 | BGSCG7 |
| <input type="checkbox"/> High School Pre/Post Season | 9/14 - 10/30 | \$49 | BGSCG6 |



Informed Consent Waiver and Release of Liability

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The Department of Recreation and Wellness, through its Student Recreation Center (SRC) and Perry Field House (PFH), provides for activities such as weight lifting, running, aerobic activities, classes, and other sporting activities. These activities involve strenuous exertions of strength using various muscle groups, some involve quick movements using speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death. I understand, and appreciate that the activities and programs at the SRC and PFH carry certain inherent risks and I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Waiver of Liability and Indemnification: In consideration of permission to use today and on all future dates, the property, facilities, staff, equipment, services, and programs of the Department of Recreation and Wellness, **I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and agree not to sue the State of Ohio, Bowling Green State University and its governing board, officers, employees, and agents ("Releasees") from any and all liability** for any harm, injury, damage, claims, demands, of any kind, actions, causes of action, costs and expenses that I may have or that hereafter may accrue to me, arising out of any loss, damage, or injury, including death, that may be sustained by me or any loss or damage to any property belonging to me, whether caused by negligence, misfeasance, or nonfeasance of Releasees or otherwise while in or upon premises or equipment of the SRC or PFH or engaged in any activity or program offered at the Department of Recreation and Wellness.

I also agree to **INDEMNIFY AND HOLD** Releasees **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, that result from any participation in or involvement with any program or activity at or associated with the SRC or PFH and to reimburse Releasees for any incurred expenses. I further agree to comply with the stated and customary terms and conditions of participation and agree that if any unusual or significant hazard is observed, my activities will be discontinued and I will immediately bring such a matter to the attention of the nearest official.

Acknowledgement of Understanding: I have read the Agreement, fully understand its terms, and understand that it affects my legal rights. I am signing this Agreement knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent allowed by law.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS POINT FORWARD

Signature:

Date:

Print Name:

I am the parent or guardian of the person under 18 and my signature above provides consent for the person listed below. I understand that I am responsible for the person listed below:

Print Name of Child:

Birth Date:

Print Name of Child:

Birth Date:

Print Name of Child:

Birth Date:

Print Name of Child:

Birth Date: