

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 unless the SRC membership status of the individual swimmer is active.

Passes are not prorated.

Families who purchase annual Student Recreation Center Memberships are not required to purchase BG Swim Club Participant Passes.

View Membership Plan Options Online:
bgsu.edu/recwell/student-recreation-center/membership

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, Errors, and Changes

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

SRC Facility Policies

Facility Admission

Valid BGSC pass holders are to enter at the main entrance of the SRC, unless they have a valid SRC membership. All SRC users are required to complete a waiver at the front desk before participating in any activities.

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.

Pass Selection

Consult with the Bowling Green Swim Club to determine the appropriate pass to purchase.

For More Information

Julia Adams, Assistant Director
jthatch@bgsu.edu | 419.372.7485
Student Recreation Center, 1411 Ridge Street, BG, OH 43403

View Complete SRC Policies Online:

bgsu.edu/recwell/policies



BG Swim Club Spring and Summer 2025 Enrollment Form

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 _____

Spring and Summer 2024 Seasons			
Check	Group	Dates	Cost
	Spring I	March 31 - April 25	\$28
	Spring II	April 28 - May 23	\$28
	Spring & Summer (Long Course)	March 31 - July 11	\$112
	Summer (Long Course)	May 27 - July 11	\$56

Offices of Recreation and Health and Wellness 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 Offices of Recreation & Health and Wellness, through their Student Recreation Center (SRC) and Perry Field House (PFH), provides for activities such as weight lifting, running, swimming, diving, aerobic activities, classes, and other sporting and fitness activities. These activities may 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 body. By signing below, I certify that there are no health-related reasons or problems, which would preclude or restrict my participation in these activities. I understand the risks inherent in these activities, which may include property damages, bodily or mental injury, paralysis, and death, and assert that my participation is voluntary and that I knowingly assume all such risks. I also understand that there is an inherent risk of exposure to contagious diseases such as COVID-19, which exists in any public place where people are present. I acknowledge that I assume the risk of illness caused by contagious diseases. I further state that I have adequate health insurance necessary to provide for and pay any medical costs which may be required as a result of any injury or illness.

Waiver of Liability and Indemnification: In consideration to be granted permission to use the property, facilities, equipment, services, and programs of the Offices of Recreation & Health 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 Offices of Recreation & Health 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, including medical 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:

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: