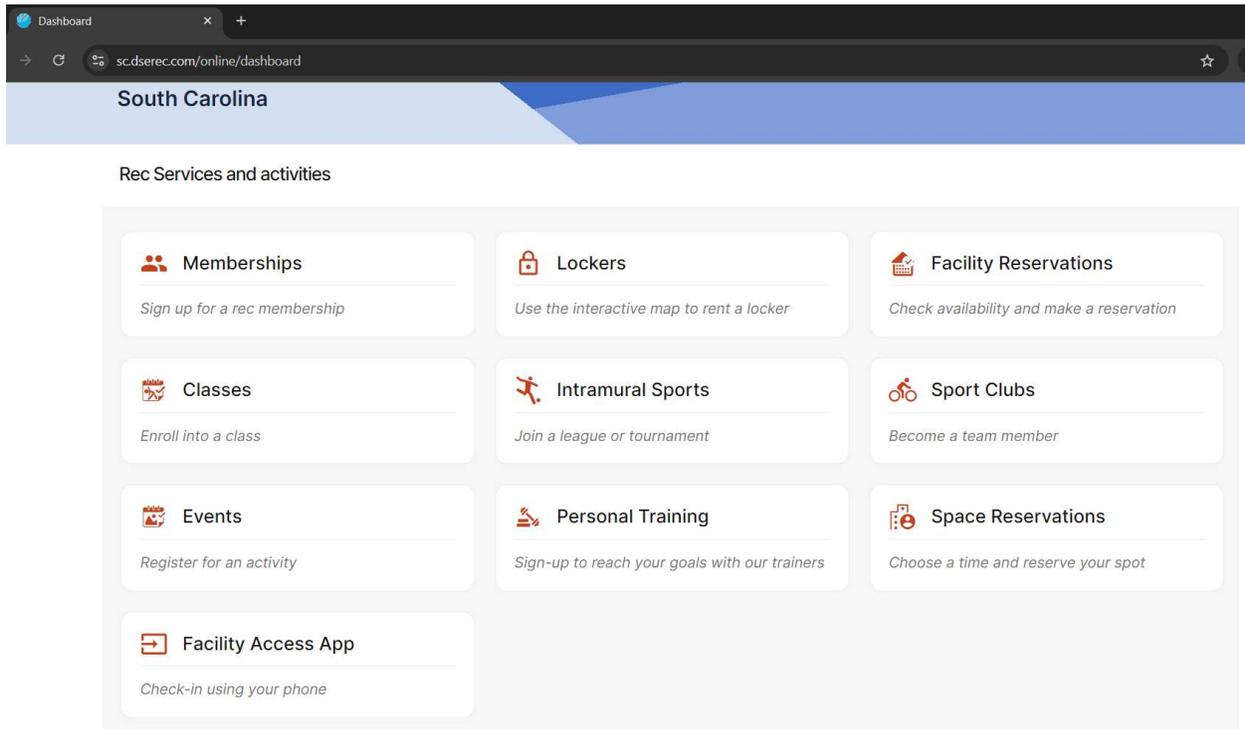


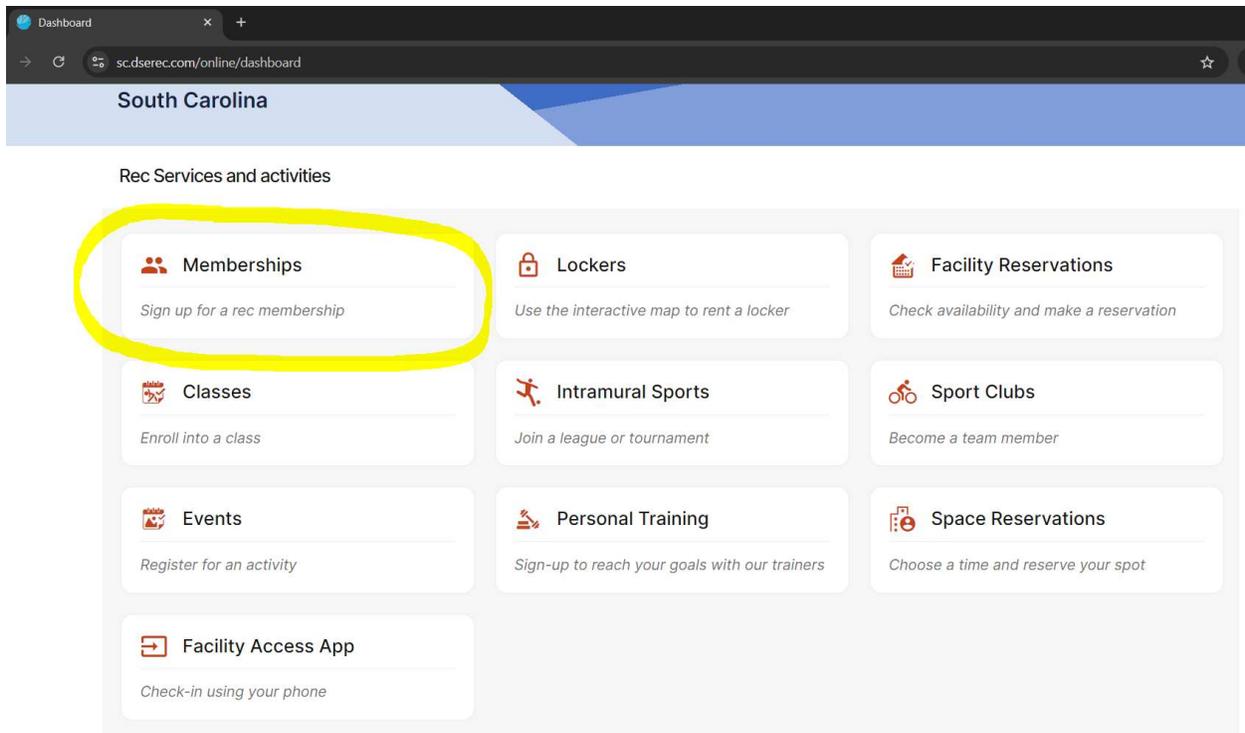
Faculty, Staff, Retiree (USC Credentials), and Affiliate Purchasing a Membership SOP

Faculty, Staff, Retirees (who claimed their USC Credentials) and Affiliates logging in and purchasing a membership through DSE

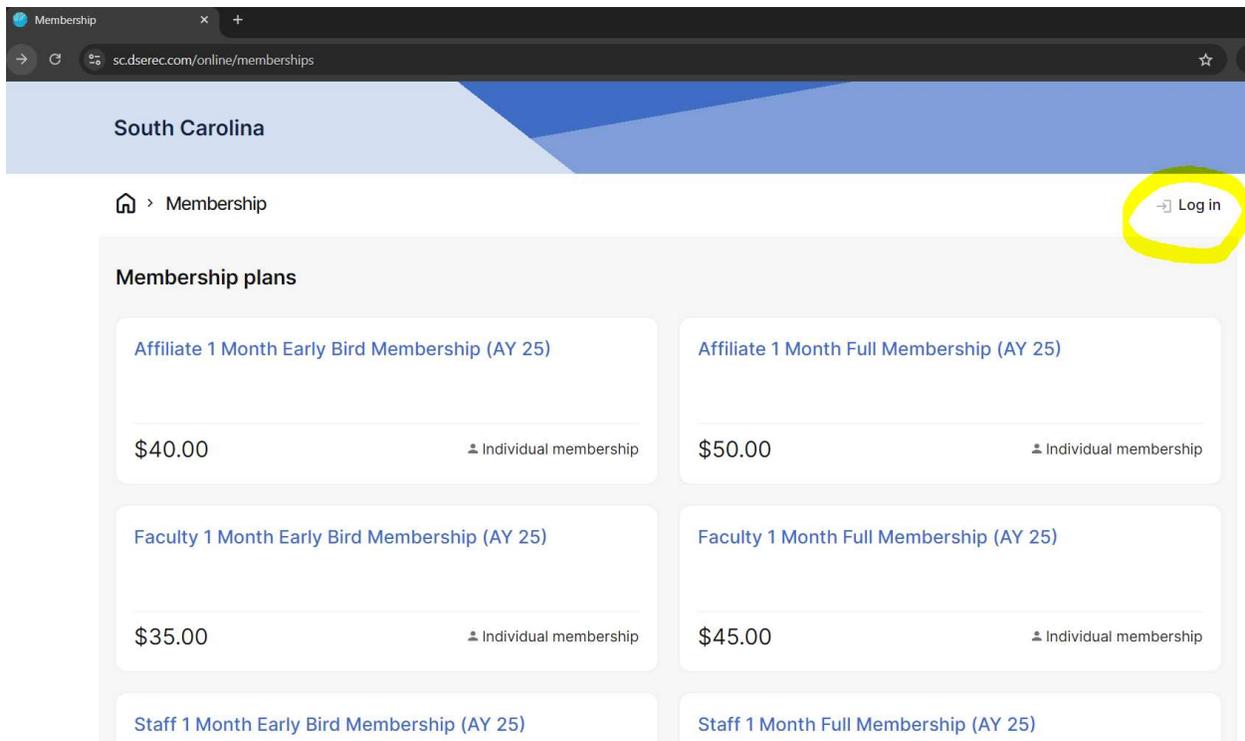
1. Go to <https://sc.dserec.com/online/dashboard>



2. To purchase your membership click on the “membership” button from the dashboard

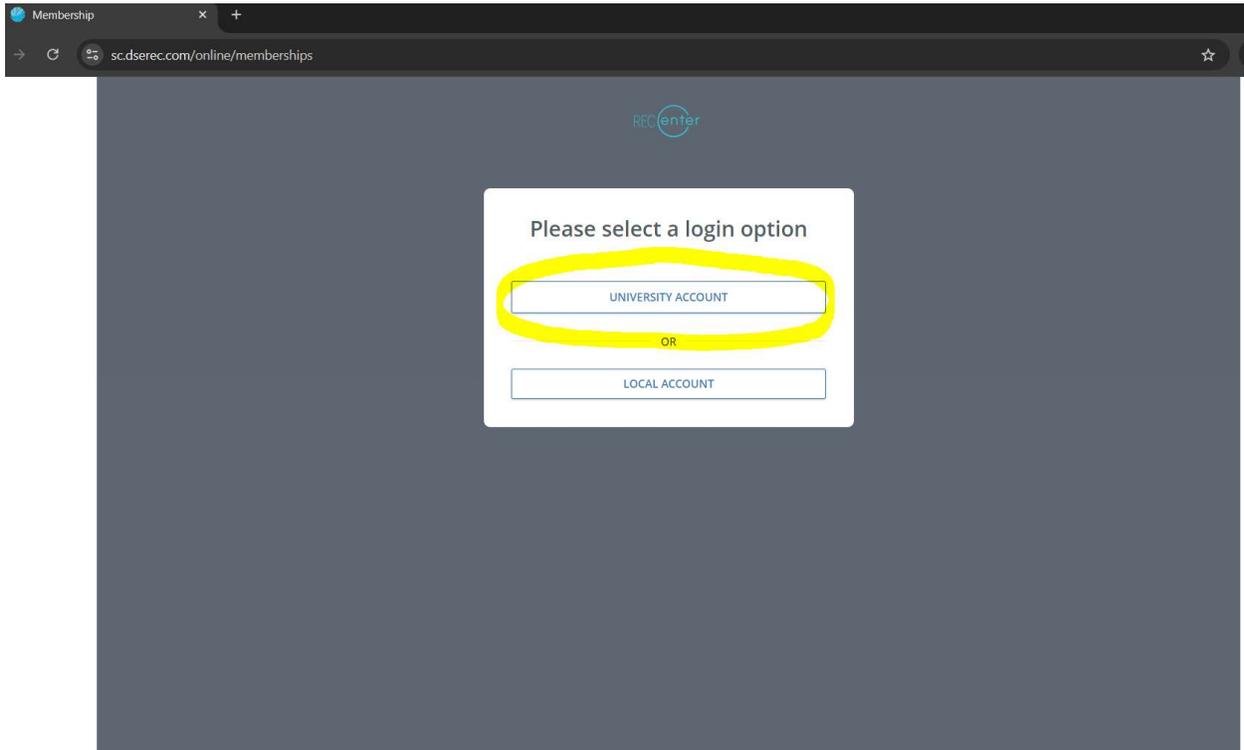


3. Once you've opened the membership page, you will see the option to "Log In" in the top right corner. Click on that and you will be redirected to a login options page

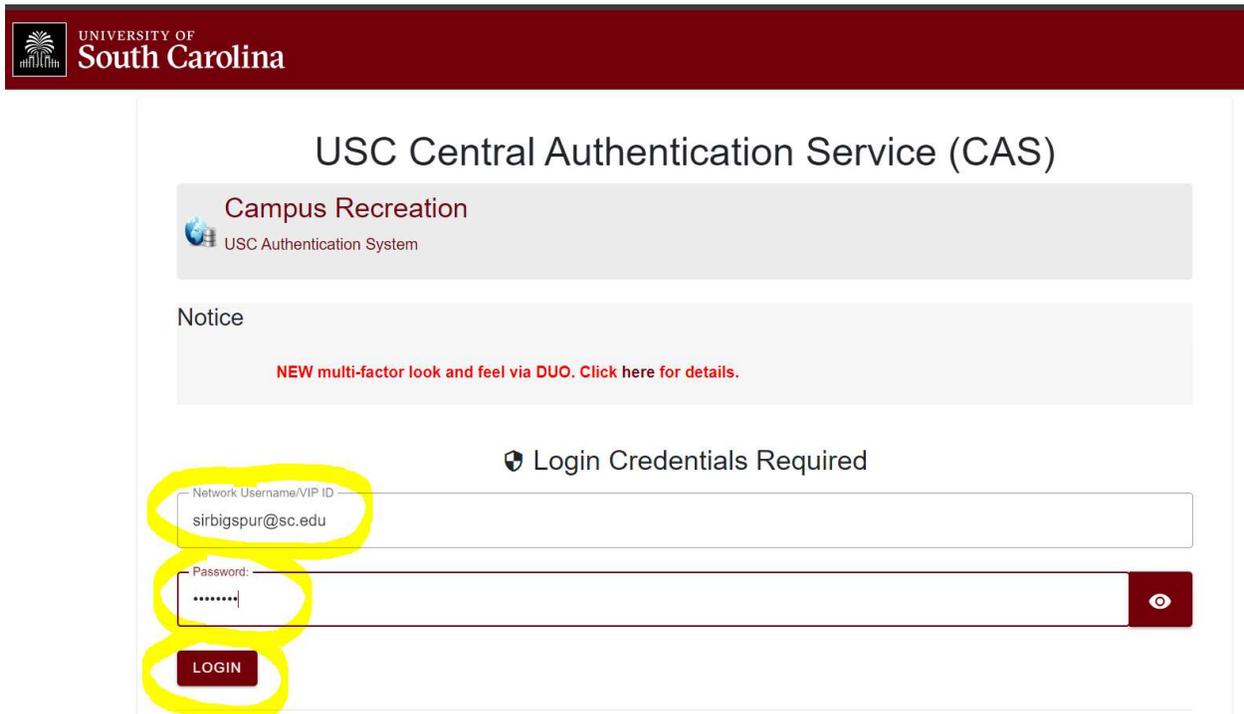


4. On the Login options page, select University Account, which will direct you to the USC Central Authentication Service (CAS) page to login

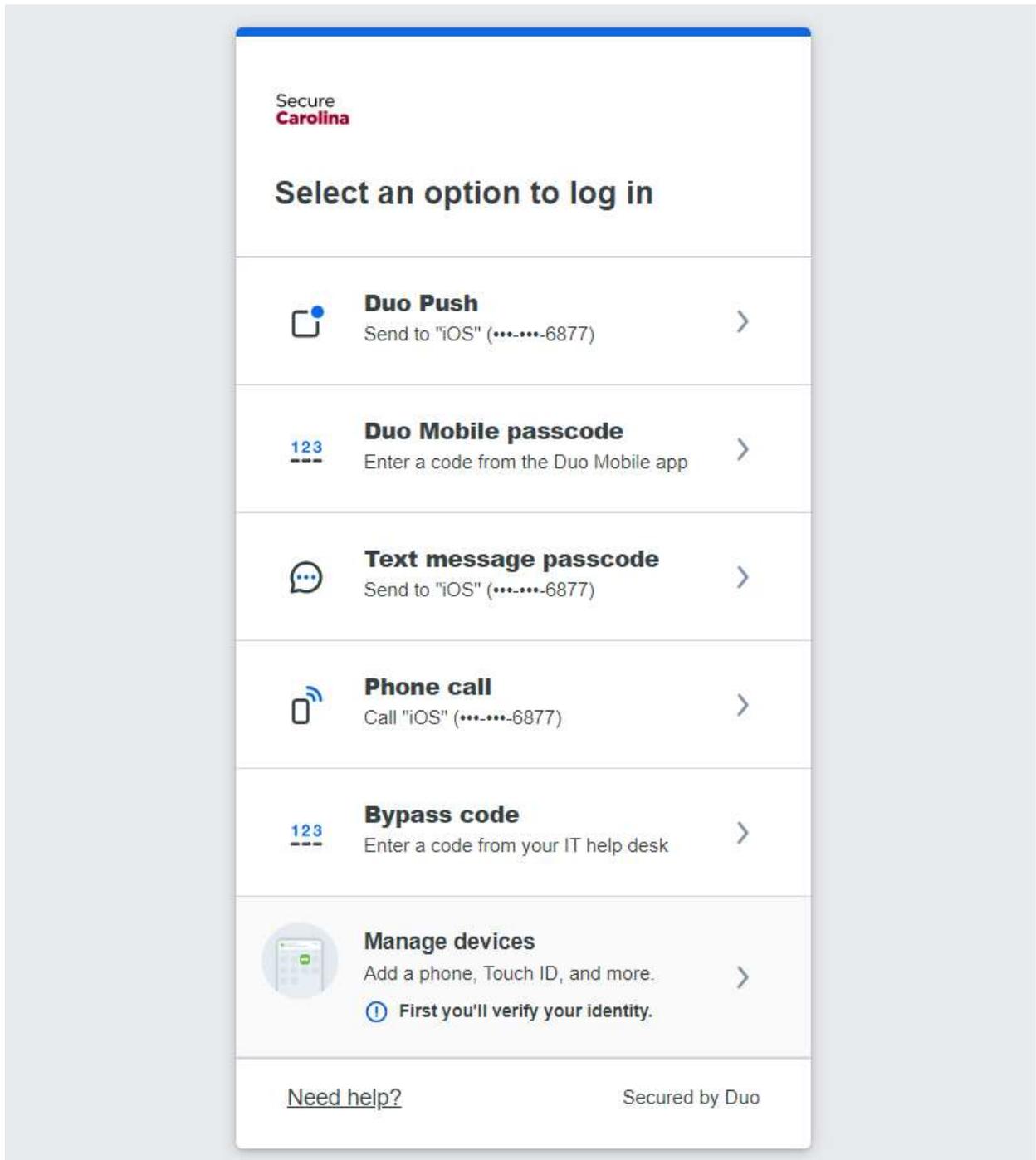
- a. You do not need to create an account as this new system (DSE) will use your existing USC login credentials to access your account



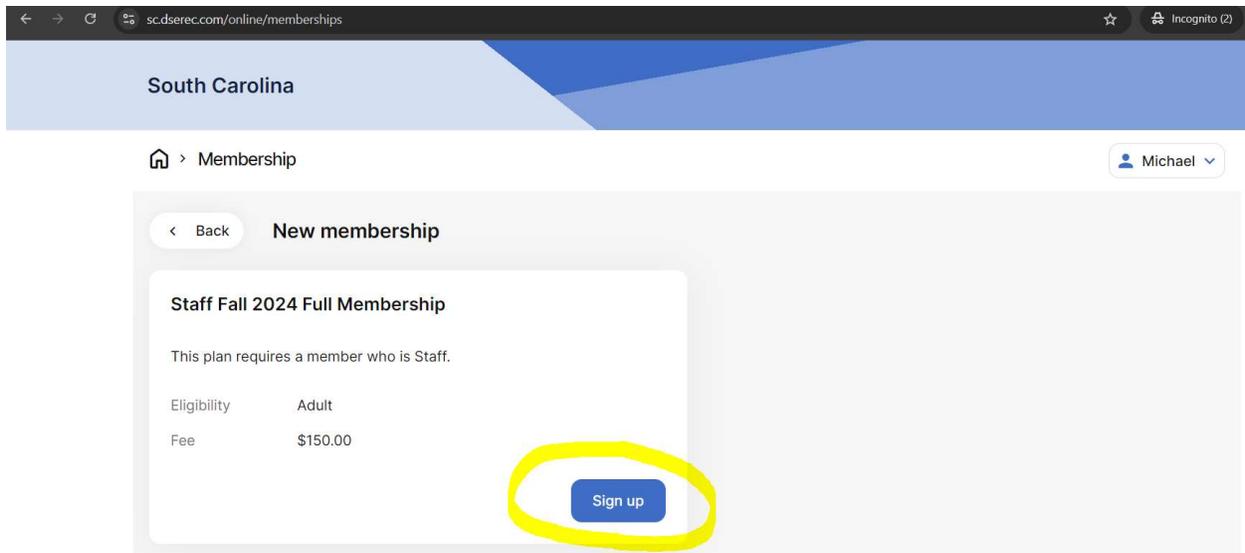
5. On the USC Central Authentication Service (CAS) page, enter the same login credentials you would use to access your USC account



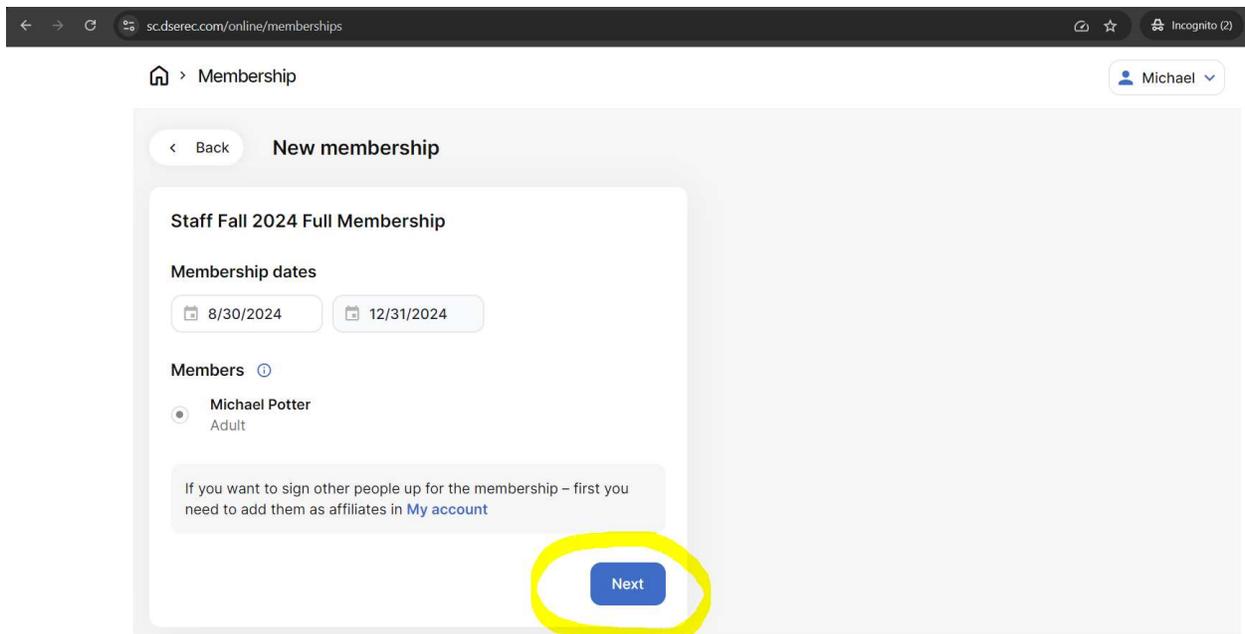
6. After successfully entering your USC credentials, you will be prompted to use Secure Carolina to safely authenticate using the Duo Security system utilized by the university.



7. Once you have successfully entered your USC credentials and authenticated through Duo, you will now be logged in and able to purchase your desired membership.
8. Select the membership you wish to purchase
9. On the next window, select the blue "Sign Up" option proceed to step 10



10. The next window will allow you to select the start date of your membership (if you wish for it to not begin on the day you are completing the purchase and then proceed to signing your waiver.



11. Here you will be prompted to check the waiver agreement box that is on the required campus recreation waiver.

New membership

Waiver - Michael Potter

All CRec Waiver

University of South Carolina Campus Recreation Waiver of Liability and Release

In consideration of being permitted to use Campus Recreation facilities and spaces and to participate in one or more programs, services, and/or activities offered or hosted by the unit.

I, in full recognition and appreciation of the dangers and risks inherent in such activity,

I do hereby waive, release and forever discharge the University of South Carolina, its officers, agents and employees, from and against any and all claims, demands, actions or causes of action, for costs, expenses or damages to personal property, or personal injury, or death, which may result from my participation in the activity.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I authorize Prisma Health to use or disclose Protected Health Information to the following:

The University of South Carolina and any individual involved to the operation of the Athletic Training Clinic, including without limitation athletic trainers, coaches, referees, and Campus Recreation director, employees of Student Health Services (as needed for follow-up treatment), and employees of Prisma Health and/or Prisma Health-USC Medical Group (as needed for follow-up treatment).

I authorize Prisma Health and/or Prisma Health-USC Medical Group to use or disclose Protected Health information for the following purpose(s):

To inform the above named individuals of sports injuries and related injuries sustained by the participant.

Type of information requested:

Verbal or written protected health information related to sports injuries and related injuries.

I UNDERSTAND THAT:

1. The Protected Health Information used or disclosed under this authorization may be subject to redisclosure by the receiver and no longer protected by the Standard for Privacy of Individually Identifiable Health Information.
2. I understand that treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on whether I sign this authorization.
3. If I have any questions about the disclosure of my Protected Health Information, I can contact the Release of Information staff or Health Information Management Services at Prisma Health.
4. I understand that I may revoke this authorization in writing except to the extent that Prisma Health have previously used or disclosed the Protected Health Information in reliance on this authorization. To revoke this authorization, I understand that I must deliver a signed written statement clearly stating that I revoke this authorization to Health Information Management Services, Prisma Health.

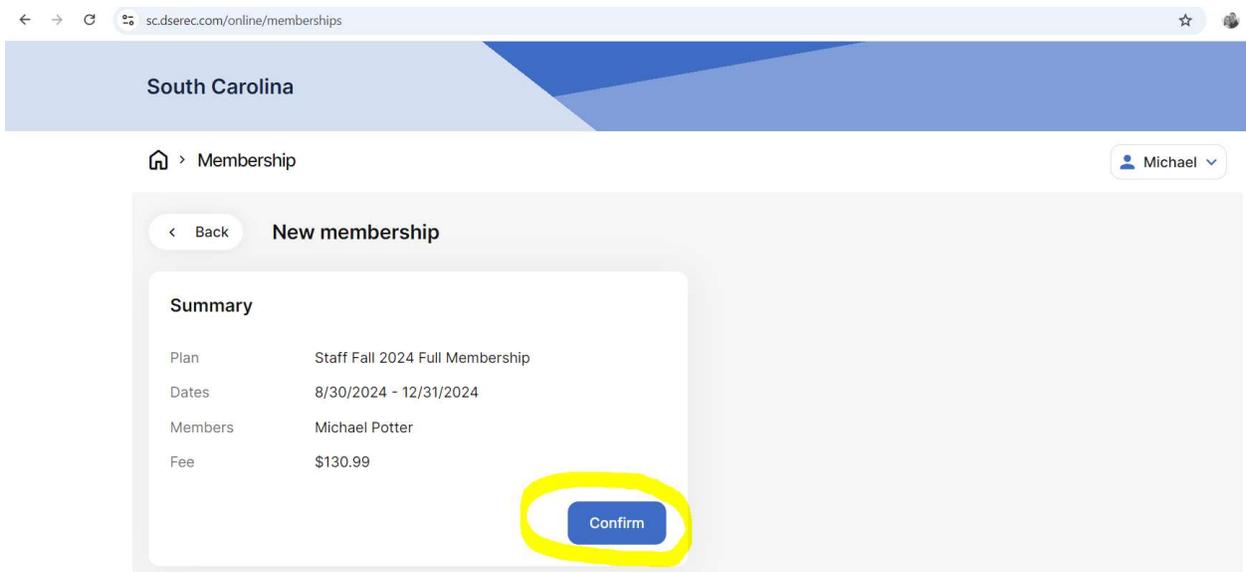
I have read this entire Waiver of Liability and Release. I fully understand it and agree to be legally bound by it.

Updated 07/31/24

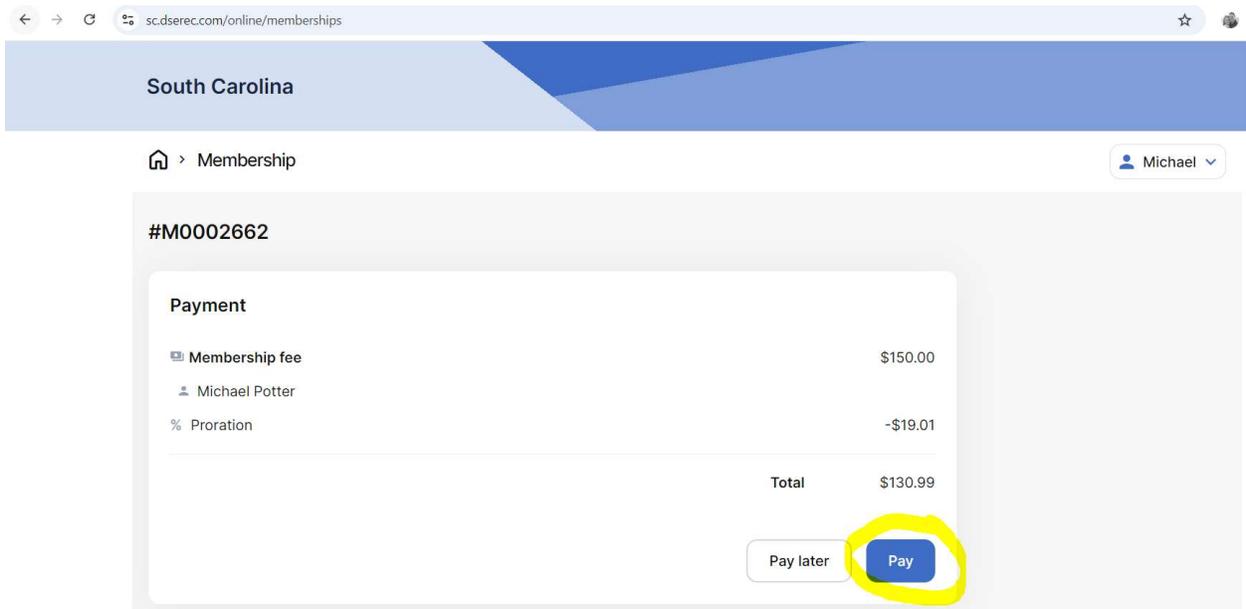
By checking the box - I affirm that I am 18 years of age or older, I have read this agreement and agree to be legally bound by it.

Next

12. After agreeing to the waiver you will confirm this is the membership you wish to purchase and click the blue "Confirm" button



13. Next you will be prompted to complete payment for the membership and will be redirected to a touchnet upay site, unless enrolling in payroll deduction
- If you are enrolling in payroll deduction, this membership “purchase” will result in a lag in access as it requires us to approve your membership once we have added you to payroll deduction whereas an immediate payment*





Payment

Payment Information

* Indicates required information

Total: \$130.99

Payment Method:*

Credit Card



Account Information

* Indicates required information

Credit Card Type:*

Select a Credit Card Type

Account Number:*

Expiration Date:*

08 2024

Security Code:*

[View Example](#)