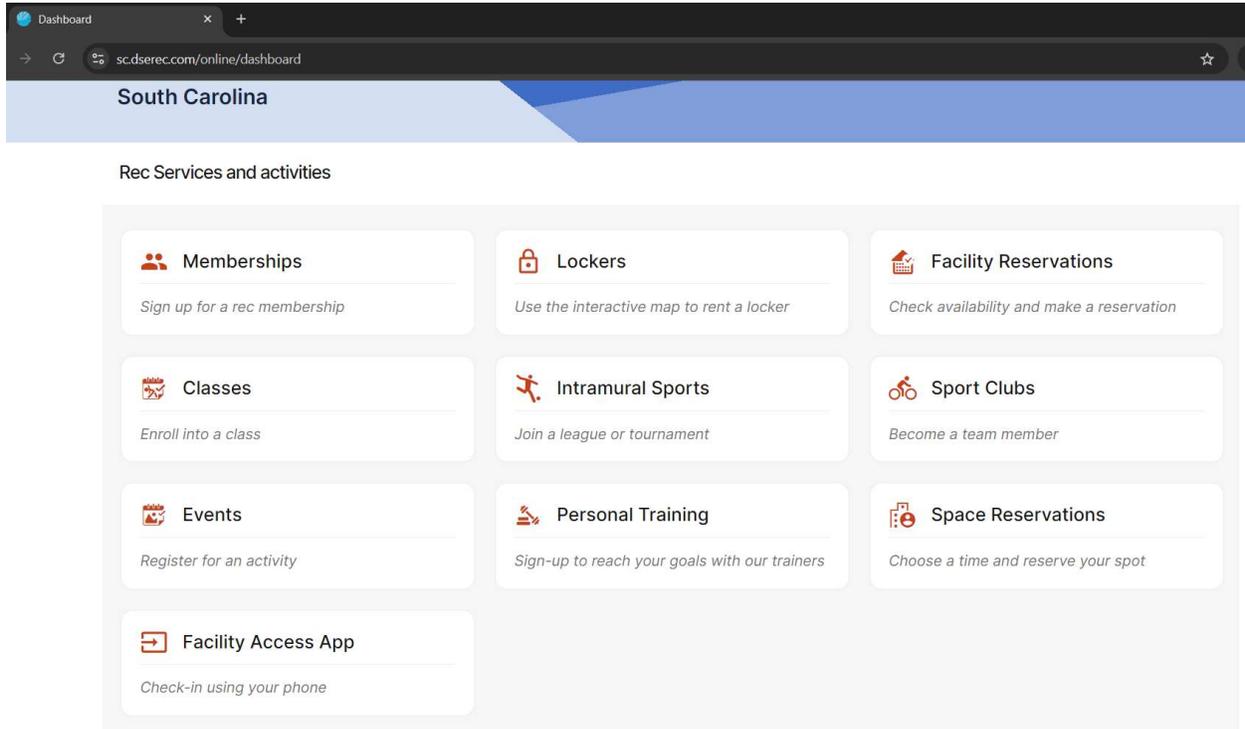


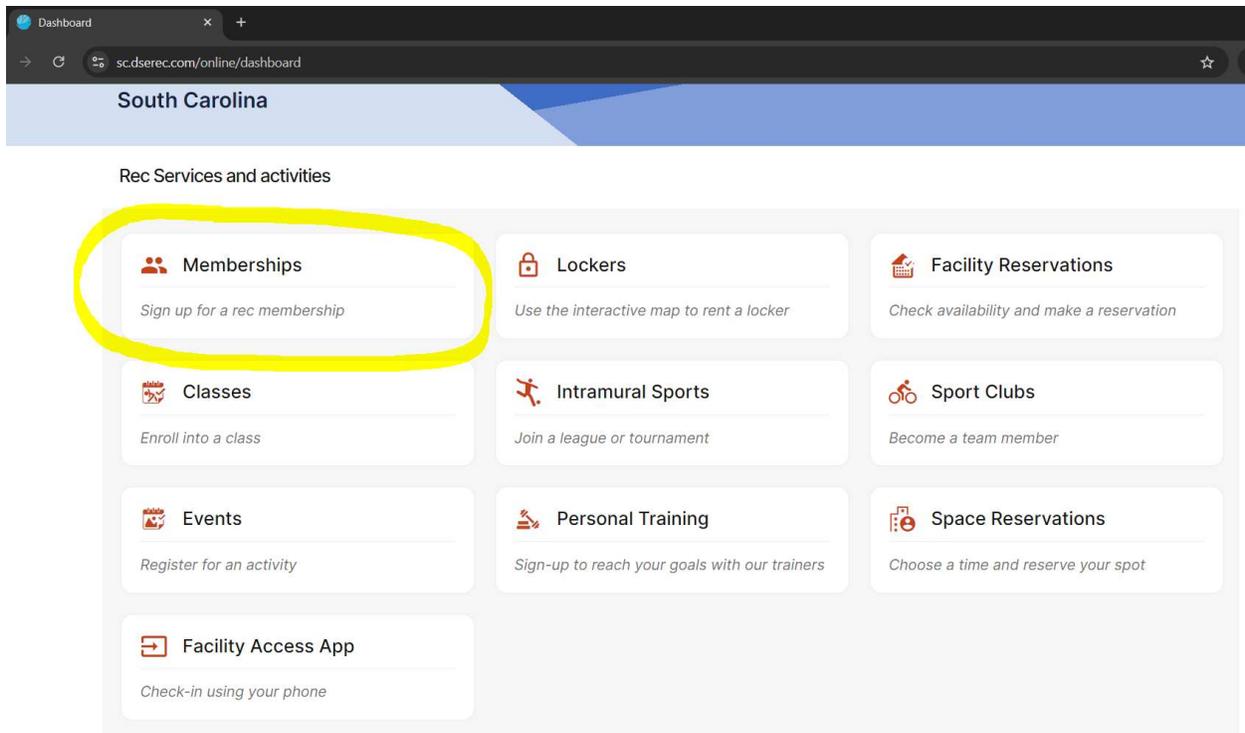
Alumni Association, Retirees, & Local Account Purchasing a Membership SOP

Alumni Association, Retirees (who do not still have access to their USC Credentials), NAC, and ROTC will follow this guide to purchase a membership through DSE

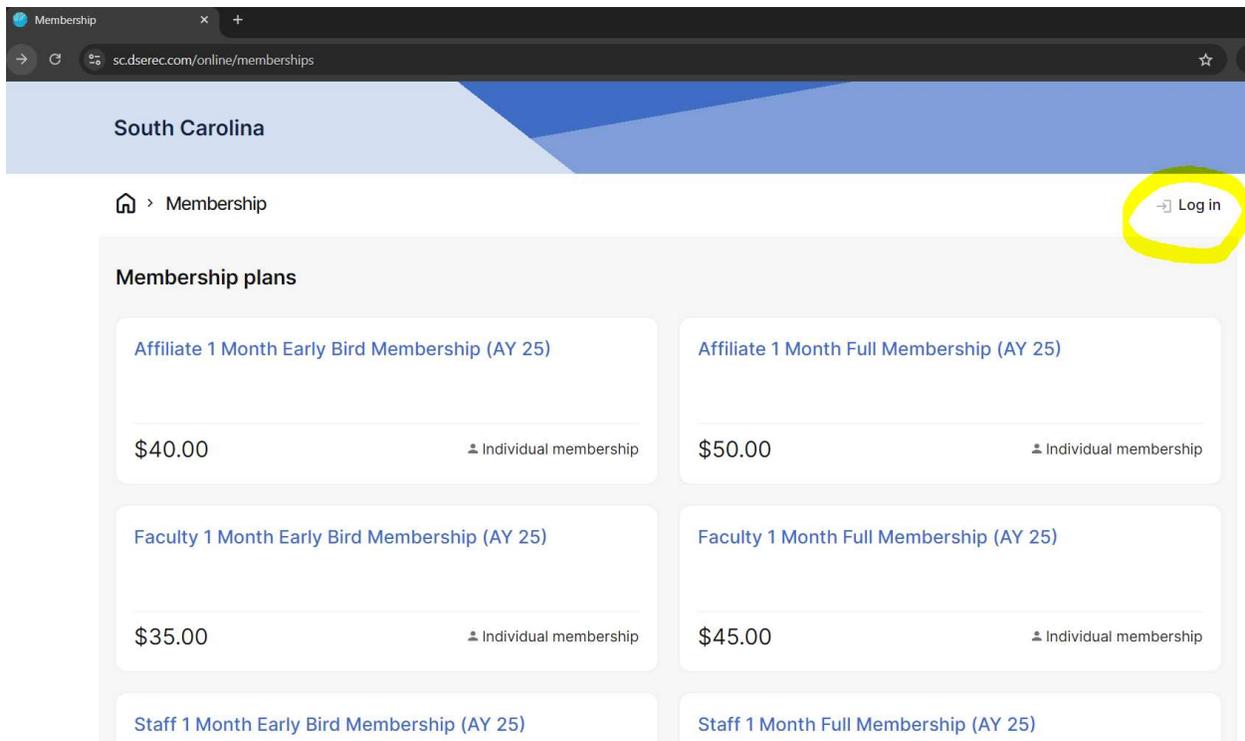
1. Go to <https://sc.dserec.com/online/dashboard>



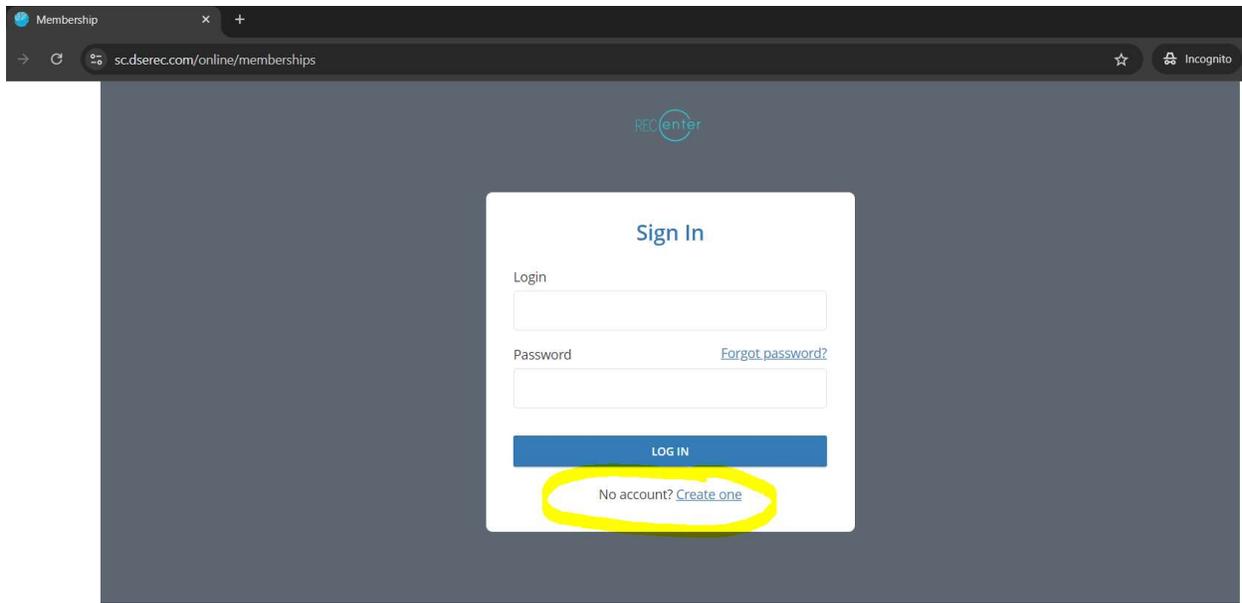
2. To purchase your membership click on the “membership” button from the dashboard



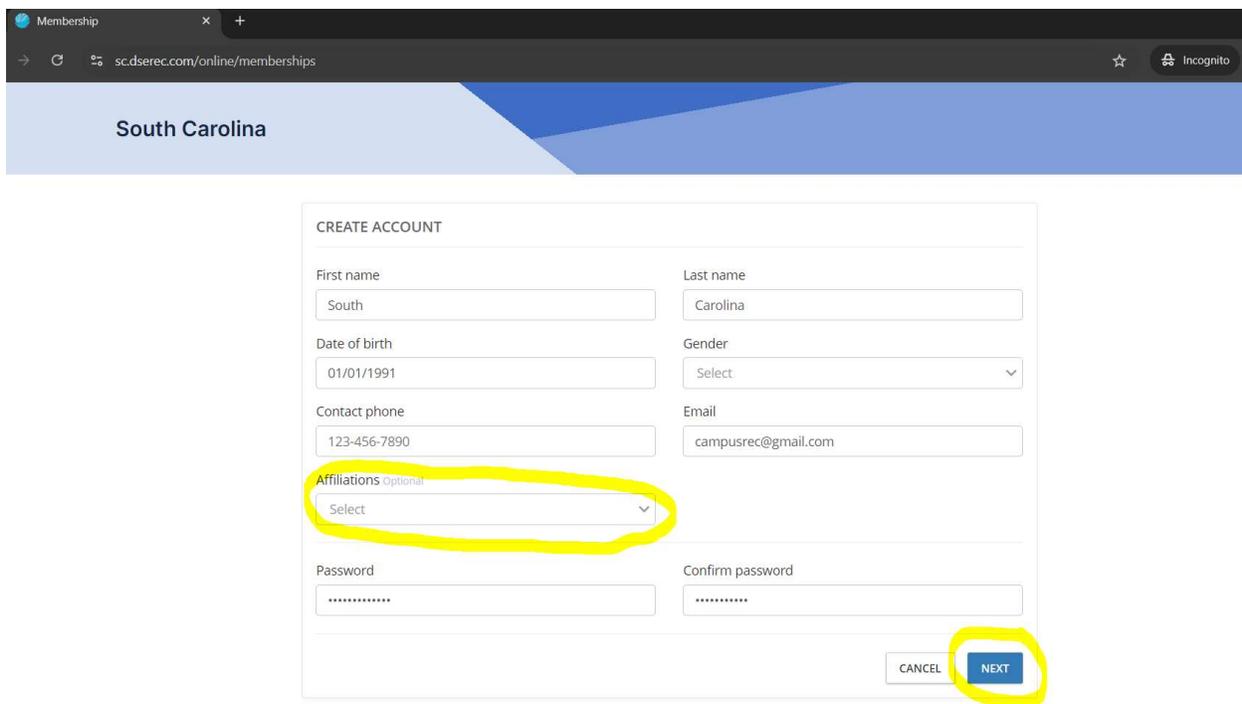
3. Once you've opened the membership page, you will see the option to "Log In" in the top right corner. Click on that and you will be redirected to a login options page



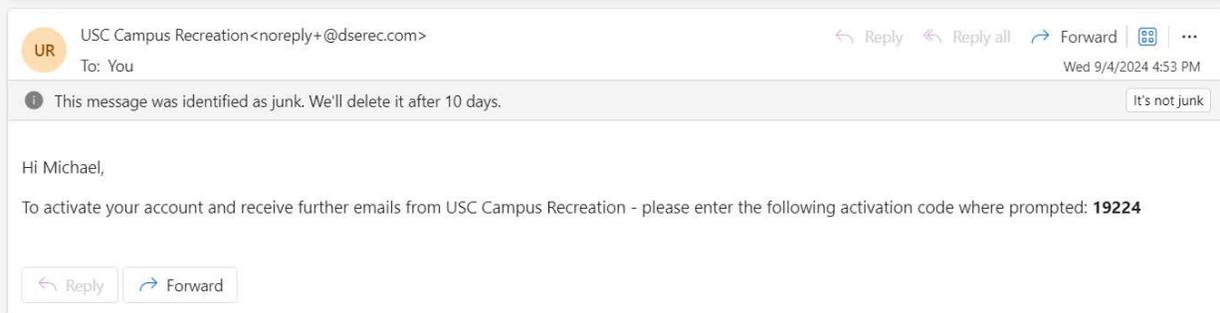
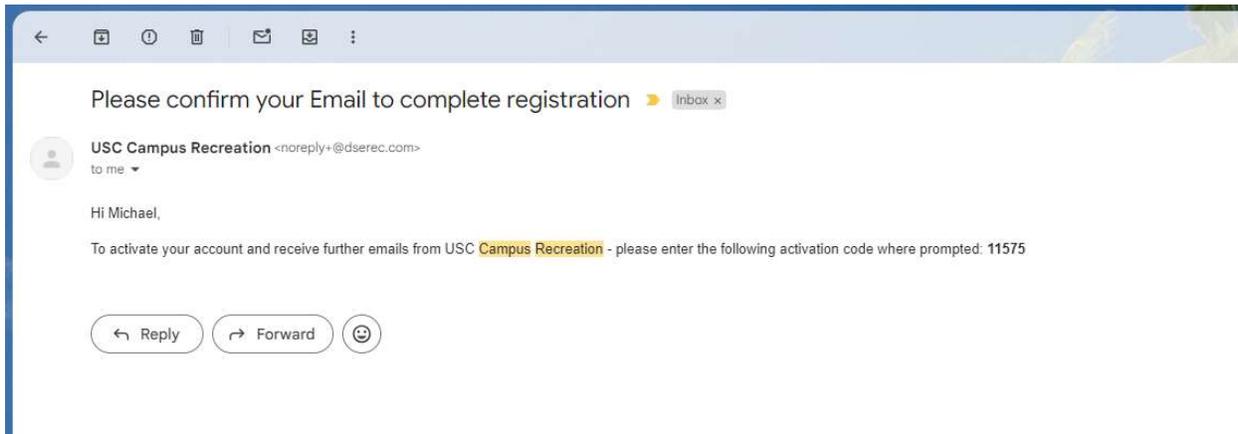
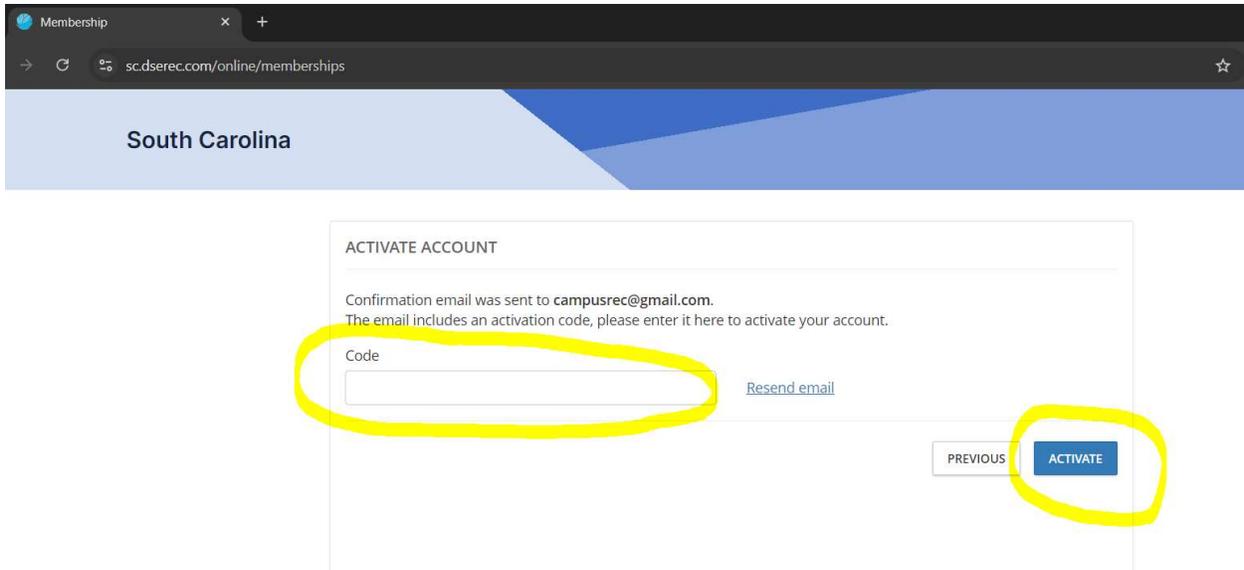
4. On the Login options page, select Local Account, which will direct you to the sign in page where you will click on "Create one" next to "No account?" at the bottom of the window



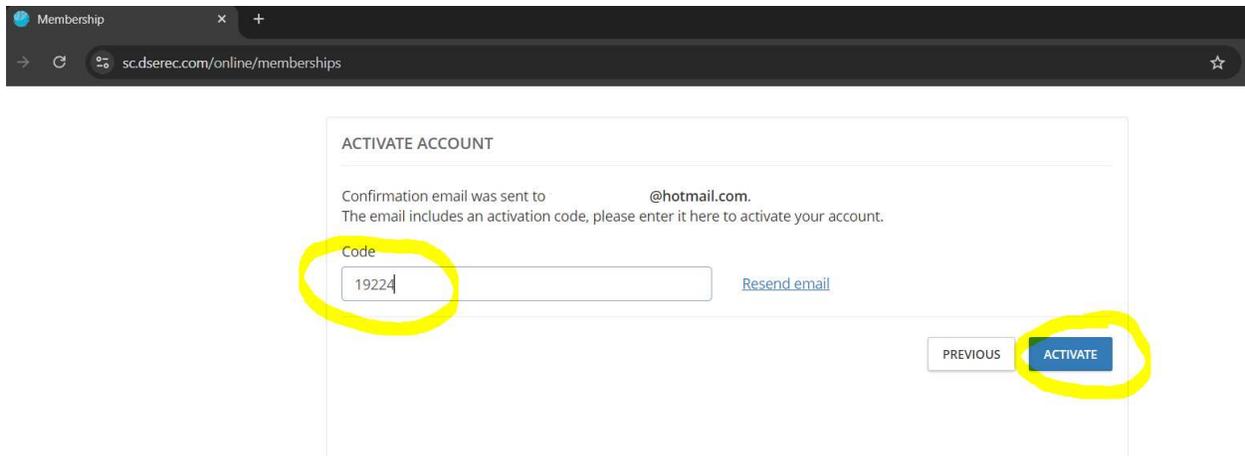
5. On the create account page, fill out all the required sections, including your affiliation.
 - a. The email you use will be used to login along with the password you create



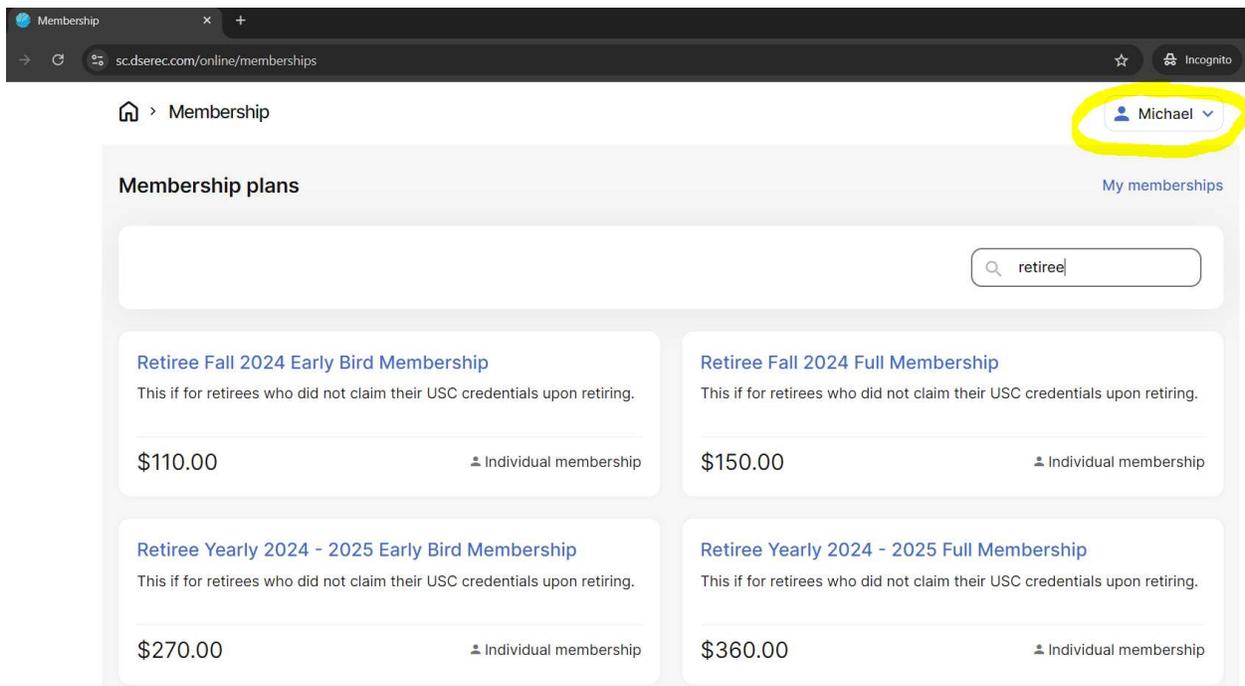
6. After successfully entering your information credentials, you will click the blue "Next" box and will be directed to activate your account. You will receive an email USC Campus Recreation noreply+@dserec.com that contains an activation code
 - a. Please be sure to check your junk/spam folder if you do not see the email initially
 - b. There is no link to click in the email, only the activation code to enter on the activation page in DSE



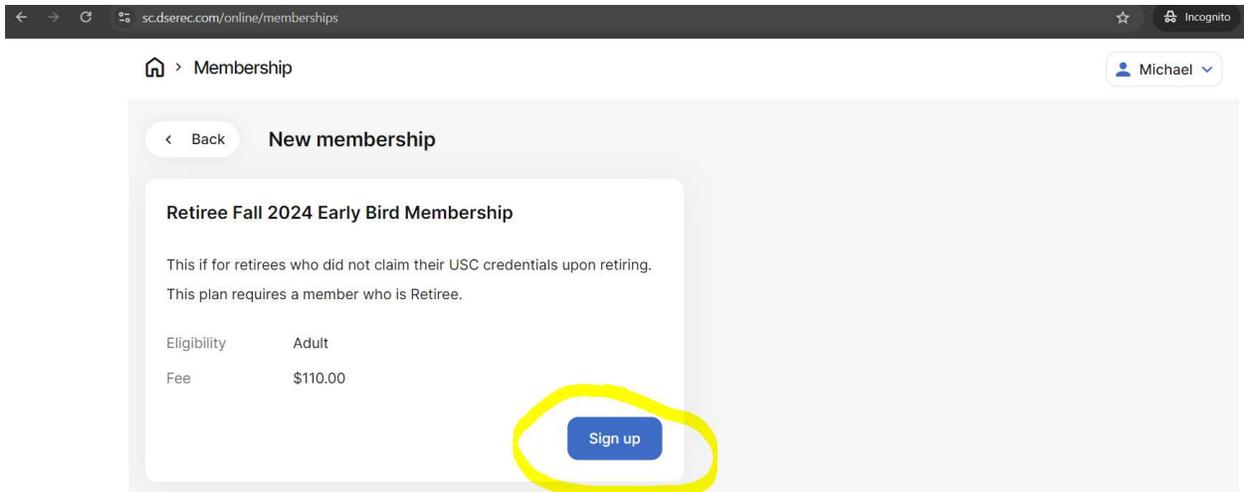
7. After entering the activation code, click the blue "Activate" box



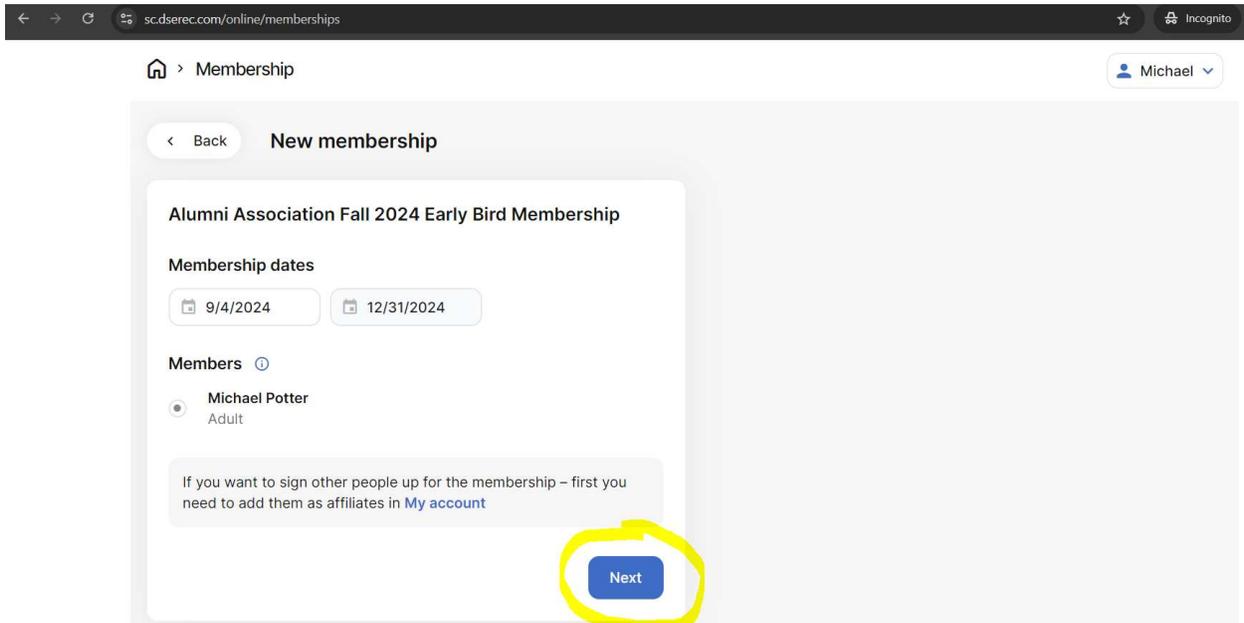
8. You will be redirected back to the membership page and should see your name in the top right corner, indicating that you are logged in



9. You can use the search bar to type your affiliation and find the membership options that are available to you
10. On the next window, select the blue "Sign Up" option proceed to step 10



11. 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.



a. If you receive the following red bar at the top of your screen, this means you've attempted to purchase a membership that your affiliation is not eligible for

This plan requires a member who is Alumni Association.

< Back New membership

Alumni Association Fall 2024 Early Bird Membership

Membership dates

9/4/2024 12/31/2024

Members

Michael Potter
Adult

If you want to sign other people up for the membership – first you need to add them as affiliates in [My account](#)

Next



Home > Membership

Michael

< Back 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

South Carolina

Membership

Michael

Back New membership

Summary

Plan	Staff Fall 2024 Full Membership
Dates	8/30/2024 - 12/31/2024
Members	Michael Potter
Fee	\$130.99

Confirm

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

- a. *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*

#M0002662

Payment	
Membership fee	\$150.00
Michael Potter	
% Proration	-\$19.01
Total	\$130.99

[Pay later](#) [Pay](#)

Payment

Payment Information * Indicates required information

Total: \$130.99

Payment Method:



Account Information * Indicates required information

Credit Card Type:

Account Number:

Expiration Date:

Security Code:

[View Example](#)