MEMBERSHIP PROFILE

FIRST NAME _____ LAST NAME _____

BILLING ADDRESS _____ CITY _____ STATE _____

PHONE _____ SECONDARY PHONE _____

EMAIL _____ DOB _____

PROOF OF ID _____ ID NUMBER _____ EXP _____

MEMBERSHIP OPTIONS *(circle one)*

SILVER SILVER COUPLE STUDENT SINGLE COUPLE FAMILY LINK-UP PREPAID

ENROLLMENT FEE $ _____

DATES OF CONTRACT _____ TO _____

MONTHLY FEE $ _____ TAX $_____ PREPAID $ _____

BILLING DATE *(same every month)* _____

TYPE OF PAYMENT

CHECK CHECKING SAVINGS

NAME ON ACCOUNT _____

ROUTING # _____ ACCOUNT # _____

DEBIT CARD OR CREDIT CARD *($1 processing fee each month)*

NAME ON CARD _____ TYPE OF CARD _____

CARD # _____ EXP DATE _____

CODE ON THE BACK _____ BILLING ZIP CODE _____

SIGNATURE: _____ DATE _____

PAYMENT AUTHORIZATION:

By initialing below and signing this Agreement, I authorize THE GYM to initiate transfers from the account designated above for the purpose of making the monthly membership dues I owe to THE GYM on or around the _____ **of the month** until all of my obligations are paid under this Agreement or until my membership is terminated. I understand that my obligation under this Agreement includes my monthly membership dues, annual membership fee, service fee for uncollectible monthly dues, applicable taxes, charges, and any other unpaid fees or dues including past dues and fees. This authorization will remain in full force and effect during the term of this membership Agreement. I understand that the amounts debited from my account may vary each month based on unpaid past dues, annual fees, etc. I understand that upon expiration of the initial membership term (date is listed on the membership form), this Agreement will automatically convert to a month-to-month basis unless a **written form of cancellation** is submitted. **Exceptions to this cancellation policy may be considered if 30 days' written notice is provided and the exception is approved by management.** I confirm that I am authorized under the terms of the account Agreement with my financial institution to use the account designated for the purchase of goods and services from THE GYM and agree to always comply with my financial institution's account Agreement while this authorization remains in effect.

SIGNATURE FOR PAYMENT: _____

DECLINE OF PAYMENT / CANCELLATION AGREEMENT:

- I agree to and understand the terms of this Agreement. I understand and agree that if my payment is declined for any reason other than fraud or an expired card, I will be responsible for a $10 Declined Transaction Fee. I understand if my card expires or is reported for fraud, I must contact THE GYM's Manager within 7 days of my billing date to update my information, or my membership will be put on hold. A Declined Transaction Fee will be added to my next payment. If payment is not made within 30 days of my billing date, membership will be cancelled and classified as "BAD DEBT."

BY INITIALING, I AGREE TO THESE TERMS: _____

- I agree to and understand the terms of this Agreement. I agree to and understand if I choose to cancel this Agreement prior to my EXPIRATION DATE stated on my contract, I will be responsible for **30% of my remaining contract balance** before my membership may be cancelled. Exceptions include medical disability or relocation outside the county, subject to management approval.

BY INITIALING, I AGREE TO THESE TERMS: _____

AUTHORIZATION & WAIVER:

Parent/Guardian Acknowledgment: In exchange for THE GYM allowing me to purchase a membership in the name of my minor child, I agree that I am responsible for the actions of my minor child **(including any damages caused to THE GYM's property by my minor child)**, I agree to the RELEASE OF LIABILITY & ASSUMPTION OF RISK clauses in this Agreement and I agree to defend, indemnify, and hold harmless THE GYM to the fullest extent permitted by law for any claim brought by or on behalf of my minor child against THE GYM. I also promise to pay any financial obligation that my minor child does not pay for any reason and acknowledge that the banking information above is my account. (CHILD MUST INITIAL AS WELL)

PARENT/GUARDIAN - BY INITIALING, I AGREE TO THESE TERMS: _____

MINOR CHILD - BY INITIALING, I AGREE TO THESE TERMS: _____

RELEASE OF LIABILITY, ASSUMPTION OF RISK, CLUB RULES, AND BUYER'S NOTICE:

I understand and expressly agree that my use of THE GYM's facility involves the risk of injury to me and my guest whether caused by me or not. I understand that these risks can range from minor injuries to major injuries, including death. In consideration of my participation in the activities and use of the facilities offered by THE GYM, I understand and voluntarily accept this risk and agree that THE GYM, and its subsidiaries, affiliates, officers, directors, members, managers, agents, and independent contractors (for purposes of this paragraph, THE GYM's parties) will not be liable for any claims, demands, actions, or causes of action, whatsoever to me, my family members, and our respective heirs, executors, administrators, successors or assigns, arising out of or connected in any way with this Agreement and our use of the services, equipment and/or facilities of THE GYM. Accordingly, I do hereby forever release and discharge THE GYM's parties from all such claims, demands, actions or causes of action. I further understand and acknowledge that THE GYM does not manufacture fitness or other equipment in its facilities but purchases and/or leases equipment and therefore THE GYM may not be held liable for defective products. (ALL MEMBERS MUST INITIAL HERE)

BY INITIALING, I AGREE TO THESE TERMS:

1: _____ **2:** _____ **3:** _____ **4:** _____ **5:** _____ **6:** _____

AGREEMENT TERMS:

I understand my right not to sign this Agreement if there are any unfilled blanks in this Agreement. I further agree to comply with THE GYM's membership policies and club rules that may be communicated to me from time to time either in writing, through club signage or verbally. THE GYM may, in its sole discretion, modify the policies and any club rules without notice at any time. THE GYM reserves the right to refund the pro-rated cost of unused services and terminate my membership immediately, at any time and for any reason, in the sole discretion of THE GYM. By signing below, I acknowledge and agree to all the terms in this Agreement.

BY INITIALING, I AGREE TO THESE TERMS: _____

RULES OF THE GYM:

I agree that I am responsible for picking up, putting away equipment, and cleaning the areas I use. I agree to take good care of THE GYM's equipment. I agree not to wear dirty shoes while I am on the equipment or using THE GYM's facilities. I agree to treat THE GYM's staff and other members with respect. I agree NOT to bring a guest unless approved by THE GYM's Manager.

BY INITIALING, I AGREE TO THESE TERMS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY:

☐ YES or ☐ NO

IF YES, PLEASE EXPLAIN:

_____

_____

_____

_____

ADDITIONAL MEMBERS ATTACHED TO THIS MEMBERSHIP [check if the member is a minor (under 18)]:

☐ MINOR - NAME: _____ PHONE: _____ DOB: _____

☐ MINOR - NAME: _____ PHONE: _____ DOB: _____

☐ MINOR - NAME: _____ PHONE: _____ DOB: _____

☐ MINOR - NAME: _____ PHONE: _____ DOB: _____

☐ MINOR - NAME: _____ PHONE: _____ DOB: _____

☐ MINOR - NAME: _____ PHONE: _____ DOB: _____

HOW DID YOU HEAR ABOUT THE GYM (check one):

☐ 1. FRIEND | ☐ 2. FAMILY | ☐ 3. SOCIAL MEDIA | ☐ 4. OTHER _____

WHAT ARE YOUR FITNESS GOALS:

_____

_____

_____

_____

HOW INTERESTED ARE YOU IN PERSONAL TRAINING (check one):

☐ 1. not at all interested | ☐ 2. not very interested | ☐ 3. neutral | ☐ 4. somewhat interested | ☐ 5. very interested

EMERGENCY CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

MEDICAL HISTORY THAT WE NEED TO KNOW IN CASE OF INJURY:

_____

_____

_____

_____