

MEMBERSHIP INFORMATION

Last Name _____ First Name _____ MI _____

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Employer _____ Employer Phone Number _____

Date of Birth _____ Emergency Contact Name and Number _____

FAMILY INFORMATION

Spouse's Last Name _____ First Name _____ MI _____

Date of Birth _____ Email Address _____

Employer _____ Employer Phone Number _____

DEPENDENT INFORMATION

Name _____ Age _____ Date of Birth _____ Email _____

Name _____ Age _____ Date of Birth _____ Email _____

Name _____ Age _____ Date of Birth _____ Email _____

Name _____ Age _____ Date of Birth _____ Email _____

Children and legal dependants are eligible for a family membership if they are 19 years of age or younger.
Children ages 20-22 may be added for an additional \$20 per month.

FORM CONTINUES ON BACK...

BILLING INFORMATION

I would like to pay the full year in advance. (I understand that paid in full dues are non-refundable)
 I would like to have my monthly dues drafted from my: (circle one) VISA MASTERCARD
Account Number _____ Expiration Date ____/____/____
 I would like to have my monthly dues drafted from my checking account. (Please attach voided check)
Bank Name _____ Routing Number _____ Account Number _____

If you choose a monthly draft, you may purchase items at Clubhaus Fitness and charge them to your account. All purchases will be added to your draft the following month. If you choose to pay by the year, you may set-up a monthly account to charge items by bringing a voided check or credit card information.

I understand that my monthly dues will be automatically by EFT or credit card beginning on the first working day of the next month. I hereby authorize Clubhaus Fitness to draft my account for my monthly draft.

I have read the above and agree to the terms:

Signature: _____ Date: _____

WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, Clubhaus urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, or participant) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so **entirely at your own risk**. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendations and (d) your slipping and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a **release of liability**. You expressly agree to release and discharge Clubhaus, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the club for negligence, personal injury or property damage.

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then the remainder of this document will remain in full force.

Signed: _____
Printed Name: _____
Dated: ____/____/____

Signed: _____
Printed Name: _____
Dated: ____/____/____

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events, and general fitness training which could cause injury to him or her.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury that may result from engaging in any exercise program or sport related event including tripping, slipping, or falling on or off the club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury that might occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any physical exercise program.

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____ Dated: ____/____/____

CANCELLATION POLICY

Please read the following carefully:

To terminate a membership, the member is required to:

Submit a thirty (30) day written notice of cancellation to a Clubhaus Fitness Manager. AND have an account balance of \$0.00

Any member who fails to pay dues or other indebtedness within 60 days of the billing date may be subject to termination. Once a membership is cancelled, a person may only rejoin once all past charges have been paid.

____ I agree to abide by the rules and regulations that have been presented to me by Clubhaus Fitness. I hereby acknowledge that all information provided is accurate and that I have read and understand the preceding and agree to all terms outlined above.

Signed _____ Date _____