## FAYETTEVILLE MEMBERSHIP AGREEMENT



Date						

First Name Last		ast Mi	ddle Initial	DOB	Gender	
Street Address		Ci	ty	State	Zip Code	
Primary Phone#		Ce	ell#	Email Address		
Employer		W	ork Phone	Emergency Cor	mergency Contact Name & Number	
How did you h	near about us?					
Membership Plan (Circle One)		SINGLE	SI	NGLE+ Add Ons	GYM ONLY	
Additional Member 1		Phone	En	nail	DOB	
Additional Member 2		Phone	Email		DOB	
Dues will be a	FORMATION: automatically charged to yment choice below:	a credit card or dra	ifted from a bank a	account each month or	the same date. Please	
VISA	MASTERCARD	AMEX	BANK ACC	OUNT		
Credit Card number			Ex	piration Date		
Bank Routing Number			Ac	ccount Number		

I understand that my monthly dues will be automatically drafted by EFT or credit card on the same calendar day of my joining date starting next month. (If you need to have your dues drafted on a different day, please let us know and we will accommodate you)

\_\_\_\_Check here if you would like to keep your card/account on file for other purchases. Purchases other than dues will be charged on the day they are made. If you do not put your card on file, you will be asked to pay for your purchase in cash or supply an alternate method of payment at the time of purchase.

I hereby authorize Clubhaus Fitness to draft my account for my monthly dues as well as any additional purchases made (if elected above). I have read all of the above and agree to the items.

Signature

Date

## WAIVER AND 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 participation in any exercise activity. You (member, guest, or participant) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises including any sponsored club event, you do so <u>entirely at your own risk</u>. Any recommendations 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 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, includes 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 <u>release of liability</u>. 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 have to bring a legal action against the club for negligence, personal injury or property damage. **Note:** Should any or part of this agreement be found by a court of law to be against publ

Signature

Printed Name

Date

## CANCELLATION POLICY (PLEASE READ CAREFULLY)

To terminate a membership, the member is required to: \*\*Submit a thirty (30) day written notice of cancelation (to stop full monthly draft of dues) to a Clubhaus Fitness Manager and have an account balance of \$0.00.

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

\_\_\_\_\_(Please initial here) 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.

Signature

Date

Barcode	Parking Pass
Staff Initials	Date