

Today's Date: \_\_\_\_\_ Fitness Consultant: \_\_\_\_\_



Orientation Date/Time: \_\_\_\_\_ With: \_\_\_\_\_

Key tag #: \_\_\_\_\_ 24 Hour: YES \_\_\_\_\_ NO \_\_\_\_\_

Membership Type: \_\_\_\_\_ Price: \_\_\_\_\_

Buddy/Family Members Name(s): \_\_\_\_\_

## MEMBERSHIP AGREEMENT FORM

### Personal Information:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Circle One: Male Female

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### Automatic Recurring Billing:

At your request, we can set up monthly Automatic Recurring Billing/Preauthorized Payments where your membership would automatically be renewed each month and the membership fee debited from your chequing account. Please see a staff member for more information.

**Please read the MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE (on reverse) in FULL as each member is responsible to understand and follow the rules and requirements of being a member. We appreciate your collaboration in making Core Fitness an enjoyable place to workout!**

# MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE

**Membership Policies: (New policies and announcements will be clearly posted. Members are responsible to read/obey these rules)**

**Acknowledgment of Risks, Injury & Obligations**

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks. I acknowledge and understand that whilst participating in such activity:

- I may be injured, physically or mentally, or may die;
- My personal property may be lost or damaged;
- Other participating in such activity may cause me injury or may damage my property, I may cause injury to other persons or damage their property
- The conditions in which the activity is conducted may vary without warning
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

**Release and Indemnity**

I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless CORE FITNESS, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

**Administration**

- CORE FITNESS Staff reserves the right to rescind the rights of members not complying with the terms
- Member may be required to show their membership/ID card at any time in the gym.
- All members must scan in using their key tag.
- Suitable clothing must be worn in the gym at all times. This includes a shirt and indoor footwear that cover the toes. **All members must remove outdoor footwear at the entrance.**
- Negative attitudes, disruptive conduct, foul language and any other offensive behaviour will not be tolerated.
- Smoking and chewing tobacco is prohibited in the gym.
- All membership dues are to be paid in advance.
- One Membership key tag per member. DO NOT give, lend or rent this card to anyone.
- Memberships are not refundable or transferable. Special circumstances may be considered and CORE FITNESS reserves the right to withhold a certain percent of the membership fee under such circumstances

**24/7 Key tag holders are responsible for maintaining the following policies:**

- **Do not permit non-members or anyone without keypad access to enter the gym, Shared gym access with a non-member will result in forfeiture of membership effective immediately.**
- Do not answer the door or the phone.
- Wipe up and put away all equipment when finished, All equipment and accessories are to remain in the gym at all times
- All members must have completed a basic orientation program with a certified instructor prior to receiving a 24/7 Access Card
- All weights and equipment must be put back after use.
- Anyone under the age of 16 must be accompanied by an adult at all times within the gym.

**CORE FITNESS disclaimer:** The purchaser of services and/or products provided by CORE FITNESS assumes all risks, known and unknown, inherent to exercise and workout programs, physical changes and/or injuries which may result from the use of such products and/or services. The undersigned Purchaser consents that participation is voluntary. Purchaser and purchaser’s heirs agree to hold CORE FITNESS and staff free from any and all liability resulting by reason of any injury, damage or loss to Purchaser or Purchaser’s property, from the services and/or products offered. As with any exercise program, purchaser with a personal or family history of health problems should consult with a physician before starting a new exercise or diet program. Purchaser has not misrepresented themselves or withheld information which pertains to their health, physical capacity or intentions.

The undersigned Purchaser is fully aware of all rules in this document. **24/7 access Purchaser is also aware of the consequences and membership privileges if Purchaser does not comply with these policy rules.**

\_\_\_\_\_  
Signature of Member or Parent/Guardian

\_\_\_\_\_  
Date of Signature/Contract Start

\_\_\_\_\_  
Signature of Witness (or Staff in lieu of unavailable witness)

\_\_\_\_\_  
Date of Signature

**This document and signatures have no expiry date and apply to the member for the entire duration of their membership. Failure to comply with the policies and standards of the gym may permit the management to revoke the membership agreement/privileges without notice or restitution to the member.**

## PAR-Q & YOU

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_