



Membership Form

Please complete all information. All information is kept strictly confidential.

Name: _____ DOB: _____
Address: _____ City: _____ ST: ___ Zip: _____
Tel. _____ Cell _____ Email: _____
Emergency Contact: _____ Tel: _____

MILITARY * SENIOR CITIZENS * FULL-TIME STUDENTS 10% DISCOUNT

- Membership \$45.00/Mo.– EXPIRES _____
- Month-to-Month \$50.00 EXPIRES _____
- 10 classes for \$80.00
- Per Class \$10.00
- Personal Training - \$40/30 min. sessions, \$70/60 min. sessions, \$600/10-60min. sessions, \$1,100/20-60 min. sessions
- Life Coach Session VIP \$45.00 a session

I understand that payments are due at the beginning of each month prior to services rendered and authorize Firm Foundation Health & Fitness Studio to make a monthly withdrawal for 12 month memberships. Cash or checks will be accepted for classes, personal training, life coach sessions and other products or services available.

Visa MC Discover CC No. _____ Exp. Date: _____ CSC Code: _____

____ I grant so Firm Foundation Health & Fitness Studio, LLC, its representatives and employees the right to take photographs/videos of me and my property in connection with the above-identified subject. I authorize Firm Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Firm Foundation Health & Fitness Studio, LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content (OPTIONAL).

____ I understand that I will be charged \$25.00 late fee for non-payment and there is an additional charge of \$25.00 for any “no show” appointments. Additionally, there will be \$35.00 fee for any return checks.

____ I understand this agreement is considered binding and cannot be altered in any way with the exception of a medical release provided by my physician stating my inability to participate in fitness activities. In the event of a medical hold, I understand that I will be billed 12 consecutive months for annual members only, and any medically held time will be added to the back end of my membership, thus extending my membership expiration date.

____ I hereby voluntarily give consent to engage in a group exercise class including personal training. I understand that the exercise class will involve progressive states of increasing effort and that at any time I may terminate my participation for any reason. I understand that during the class, I may be encouraged to work at sub-maximum effort and that at any time, I may terminate my participation for any reason.

____ I understand that I am responsible for monitoring my own condition throughout the exercise class and if any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

____ Also in consideration of being allowed to participate in the exercise class, I agree to assume all risks of such exercises and hereby release and hold harmless Firm Foundation Health & Fitness Studio, LLC, their agents and employees from any and all health claims, suits, losses or causes of action for damages for injury or death, including claims for negligence, arising out of or related to my participation in the exercise classes.

____ I have read the foregoing carefully and I understand its consent. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction and understand that there are **NO REFUNDS**.

Print Name: _____ Witness: _____

Signature: _____ Date: _____