



Fitness Center Membership Agreement



Member Information

Name:		DOB:
Email:		Phone:
Business Name:		
Address:		
City:	State:	Zip Code:

Emergency Contact

Name:	Relationship:	Phone:
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Spouse Information if Joint Membership

Name:	DOB:
Email:	Phone:

General Questions

<p><i>Check Exercise Experience</i></p> <input type="checkbox"/> None <input type="checkbox"/> Mild In Last 6 Months <input type="checkbox"/> Moderate In Last 6 Months <input type="checkbox"/> Intense In Last 6 Months	<p><i>Check Interests</i></p> <input type="checkbox"/> Personal Training <input type="checkbox"/> Group Exercise Classes <input type="checkbox"/> Nutritional Consulting <input type="checkbox"/> Sports Conditioning <input type="checkbox"/> Weight Management	<p><i>Check Medical Issues</i></p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Arthritis <input type="checkbox"/> Paralysis <input type="checkbox"/> Respiratory Disease <input type="checkbox"/> ROM Limitation / Spinal Limit. <input type="checkbox"/> Joint Replacement
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Do you currently work with a Trainer at Specialty Training, Inc. ? Yes No
 If yes, who? :

Select Membership Type

<input type="checkbox"/> Standard Single Membership •\$39 Per Month (plus tax) •\$25 Per Additional Family Member •No Sign-Up Fees or Contracts	<input type="checkbox"/> PT Client and Corporate Membership •\$25 Per Month (plus tax) •No Sign-Up Fee's or Contracts
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Specialty Training, Inc. fitness memberships require automatic billing be set up from a debit or credit card. If you would like to be pay another way you may contact a Specialty Training, Inc. representative.

Please complete the Credit / Debit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit or debit card on the first day of each month for the amount indicated and a sales receipt will be emailed to you from Specialty Training, Inc. You may cancel this automatic billing authorization at any time.

Credit / Debit Card Information

Start Date: / /	Number of Members:	Monthly Fee Before Tax:\$
Cardholder Name:		Amount Due:\$
Credit or Debit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:		
Card Number:	Expires: /	
Cardholder's Name:	Zip Code:	

Signature: _____



Fitness Center Membership Agreement



PAR-Q		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. In the past month, have you had pain in your chest when you were not doing physical activity?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Do you loose balance due to dizziness or do you ever loose consciousness?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Do you have a bone or joint problem (for example, back, knee or hip)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Do you know of any other reason why you should not do physical activity?
Awareness of Risk Waiver for Specialty Training, Inc. Applicants		

Membership to a Fitness Facility requires an acceptance of risk of injury. Members may rightfully assume that those who are responsible for the conduct of “Specialty Training, Inc.” & Equipment (Owners, Managers, Staff, Personal Trainers and others) have taken reasonable precautions to minimize the risk of significant injury.

The injuries that may occur in the Specialty Training, Inc. Facility most commonly include (but are not limited to) the following: Shoulder, back, hip, knee, shin splints, ankles, chronic tendonitis stress fracture injuries. Serious injuries including the risk of death or paralysis may also occur, and include (but are not limited to) head and neck injuries and broken bones and heart attacks.

By signing this agreement you agree that your use of the equipment and facilities will be at your own risk, and you agree to assume all risks, and injuries and /or damages to person and property which you may endure while in the facilities, and/or due to exercise and/or use of equipment in the facility. You further agree to indemnify and hold harmless Specialty Training, Inc., it’s directors, officers, agents and employees from any and all claims, demands, and/or causes of action for injuries and damages of your person or property while in the facility or participating in activities in the facility due to any fault, and/or cause including, negligence. You also agree that Specialty Training, Inc. is not responsible or liable for loss, theft and/or damage of you, or your guests’ personal property in the facility. You will be responsible for any damage you cause to the facilities property.

Awareness Of Risk And PAR-Q Signatures	
Member:	Date:
Spouse (Only if Joint Membership):	Date:



Fitness Center Membership Agreement



Policies And Procedures

Hours of Operation:

The hours of operation for the fitness center are Monday-Friday 6:00 a.m. to 8:00 p.m. 24 hour access can be issued on an as needed basis.

Payment Policy:

All debit and credit payments are due and will be processed on the 1st day of each month. If paying another way and payment is more than 15 days late, a \$5 late fee will be added to your bill and an additional \$5 fee every 30 days thereafter.

Cancellation Policy:

If you choose to cancel your membership, you must notify Specialty Training, Inc. within 15 days of the next billing cycle. Upon canceling your membership your access card will need to be returned to Specialty Training, Inc.

Strength Equipment:

Please use extreme caution when using all strength equipment. Please do not drop or slam free-weights or medicine balls on the floor. Always put the free weights away when finished using them. When using selectorized cable equipment please do not allow the weights to drop heavy or hard on the weight stack. Be courteous to others and allow them to work in.

Cardiovascular Equipment:

Please take the time to read the directions on the cardiovascular equipment if it is your first time using that piece of equipment. Please limit your time on the machines to 30 minutes during peak hours.

Miscellaneous Equipment:

Do not use any equipment that you are not familiar with. For items such as stretch cords, balance boards, BOSU balls, stability balls, and all other equipment; please put back in their respective locations when finished using. Use with extreme caution every time. Removal of any equipment from Specialty Training, Inc. is strictly prohibited.

Towel and Water Service:

Towels and water are provided for use while in the fitness center. Please return towel and dispose your water cup to the proper receptacles upon leaving. There will be separate towels to wipe off the equipment when you are finished working out.

Music:

The stereo's are there for your listening enjoyment. Please keep the volume down and be respectful of others.

Attire:

Proper work out attire is required (i.e. sweat pants, shorts, T-shirts, rubber-soled shoes, etc.). Jeans and open-toed shoes are not allowed in the fitness center.

