



Flex Fitness Membership Contract

ALL information must be filled in completely.

Your Name _____ (Please Print) Mailing Address _____

City _____ Zip Code _____ Email _____

Primary Phone Number _____

***BEST VALUE** **12 Month Single:** \$30+tax/month **12 Month Couple:** \$50+tax/month

6 Month Single: \$35+tax/month **6 Month Couple:** \$58+tax/month

(12 month and 6 month memberships have a one time \$30 sign-up fee)

Emergency Contact Person & Phone # _____ / _____

Please Circle: Are you a United States Veteran? Y / N (10% off)

Please Circle: Are you a Senior Citizen? Y / N (20% off)

____ I understand I am signing a contract with Flex Fitness and agree to pay membership fee for the specific period of time I have indicated. This contract is binding; I understand I will receive NO refunds and this is a continuous membership with no extensions for non-use.

____ I understand the penalty of **\$75** for early cancellation of my membership.

____ I agree to the terms and conditions stated on the waiver agreement which makes me responsible for my actions that may cause personal injury.

____ I understand I am responsible for my access key and will only use it as stated. Improper use of my key and/or allowing non-members access is forbidden and will result in a suspension of access.

____ I understand I am responsible for any excessive abuse or damage to property. I am responsible for paying the replacement cost.

____ I understand if I do not return **within 15 days** after my expired contract or I misplace my card I will be charged \$10. Also- a **\$10 charge** will be issues for **lost** cards needing replacement.

Signature _____ Date: ____/____/____ Card Number _____ (last 4 digits)

Please have second member complete ALL information if signing up for couples membership.

2nd Member

Your Name _____ (Please Print) Mailing Address _____

City _____ Zip Code _____ Email _____

Primary Phone Number _____

***BEST VALUE** **12 Month Single:** \$29.95+tax/month **12 Month Couple:** \$49.95+tax/month
 6 Month Single: \$34.95+tax/month **6 Month Couple:** \$54.95+tax/month

(12 month and 6 month memberships have a one time \$30 sign-up fee)

Emergency Contact Person & Phone # _____ / _____

Please Circle: Are you a United States Veteran? Y / N (10% off)

Please Circle: Are you a Senior Citizen? Y / N (20% off)

____ I understand I am signing a contract with Flex Fitness and agree to pay membership fee for the specific period of time I have indicated. This contract is binding; I understand I will receive NO refunds and this is a continuous membership with no extensions for non-use.

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____ I understand if I do not return **within 15 days** after my expired contract or I misplace my card I will be charged \$10. Also- a **\$10 charge** will be issues for **lost** cards needing replacement.

Signature _____ Date: ____/____/____ Card Number _____ (last 4 digits)

Recurring Payment Plan Authorization Form

Bank Account or Credit Card

This information MUST be completed- even if paying with cash or check.

Schedule your payment to be automatically deducted from your checking account, or charged to your Visa, MasterCard, American Express or Discover Card.

The Recurring Payment Plan will help you in several ways:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- It's easy to sign up

Here's how the Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period the total amount due for that period. A receipt of payment will be emailed to you and will appear on your statement.

Please complete the information below:

I _____ authorize The Yank Company to charge/debit my account on the _____ of _____ of _____
(name) (date of month)
each month for the payment of my bill.

Full Billing Address _____ Phone# _____

Checking/ Savings Account

Checking / Savings (Circle)
Name on Acct _____
Bank Name _____
Account # _____
Routing # _____
Bank City/State _____

Credit Card

Visa	MasterCard
Amex	Discover
Cardholder Name _____	
Account # _____	
Exp. Date _____	
CVV (3 digit # on back of card) _____	

SIGNATURE

DATE

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.

Liability Waiver Form

I am fully aware of the risks and hazards connected with physical training and the equipment offered at Flex Fitness. I hereby elect voluntarily to enter an agreement, knowing that the associated risks and hazards may result in a loss on my behalf. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PROPERTY DAMAGE, OR BODILY HARM that may be sustained by me, or loss or damage to property owned by me, as a result of the use of any equipment offered at Flex Fitness.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Flex Fitness, their officers, servants, agents and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, physical injury that may be sustained by me, or any property belonging to me, while at Flex Fitness.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Iowa.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY THE SAME.

Signature

Print Name

Date

Signature (*Second Member if Applicable*)

Print Name

Date

Flex Fitness Rules

Music Volume is not to be excessive.

You must wear proper gym clothing, no street shoes or jeans.

Shirt must be worn at all times.

Any vandalism will be responsibility of vandal for cost of repair and/or replacement.

You are not permitted to being in non-members with your key access card. The fee is \$5 per day for non-members.

Key access card MUST be returned is membership is cancelled. There will be a \$10 charge to your account after 15 days if card is not returned.

If you lose your key access card there will be a \$10 replacement fee.

Each member is to scan their own card before entry. Do not follow other members inside door before scanning your own card.

If your monthly payment is denied we will block your key card access until it is paid in full.

All free weight lifts are to be done with a spotter.

Weights need to be returned to the racks when finished.

All equipment needs to be returned to proper place if moved.

Lights need to be turned off if you are the last to leave the gym.

Thermostat is not to be adjusted.

Members are not permitted access to the 2nd floor or basement of building.

Back and side door are emergency exits only.

No drugs, tobacco or liquor on the premises at any time.



