**Membership Contract**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | | **Date** | |  | | | **Key Card #** | | |  |
| **Mailing Address** | | |  | | | | | | | | | | | |
| **City** |  | | | | **State** |  | | | **Zip** | |  | | | |
| **Email** |  | | | | | | | | | **Phone** | |  | | |
| **Emergency Contact** | | | |  | | | **Emergency Phone** | | | | | |  | |

**Membership Options**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 Day - $10 |  | Weekend - $15 | | |  |  | | 1 Week - $20 | | | |  |  | One Month - $40 | | |  |  | 90 Day - $99 |
| Senior Citizen Membership | | | |  | $60 for 3 months | | | | | |  | $120 for 6 months | | | |  | $240 for 12 months | | | |
| **Annual Contract Monthly Rates – Recurring Payment Option Only** | | | | | | | | | | | | | | | | | | | | |
|  | Primary Member - $30 | | |  | | | | |  | Each Additional Family Member - $25 | | | | | | | | | | |
|  | Community Partner Member - $25 | | | | | | |  |  | Each Community Partner Family Member - $20 | | | | | | | | | | |
| Please list any applicable family members: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

Internal Use Only - Date called about expiration: Notes:

I understand the risk of injury from club activities and using any club equipment is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. I acknowledge that this is an unsupervised fitness center and I assume all risks associated with using exercise equipment and exercising alone without the aid and presence of club staff on premises. I understand that Green Lake Fitness 24/7 is owned by the 501©3 not profit Green Lake Renewal. I hereby release, indemnify, and hold harmless Green Lake Renewal, our chosen financial or merchant services Board of Directors, officers, affiliates, agents, and employees with respect to all injury, disability, death, loss or damage to person or property that may arise out of or in connection with my use of any of the equipment or the facilities of the club or any incident that occurs while using such facilities, or otherwise related to my membership.

I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the club is relying on this release in agreeing to enter this agreement.

I have read the foregoing waiver and release of liability and voluntarily executed this document with full knowledge of its content.

**Member Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authorization For Monthly Recurring Payments** | | | | | | | | | | | | |
| Name as Shown on Account | | |  | | | | | | | | | |
| Credit Card # | |  | | | | | | Expiration Date | | | |  |
| Bank Name | |  | | | Checking | |  | | Savings |  |  | |
| Routing # |  | | | Account # | |  | | | | | | |

I hereby authorize the Designated Billing Company selected by this Club to draw items (checks, electronic fund transfers, charge card) for paying the membership dues, including any late fees or service fees, as well as other purchases, on the account indicated above. Subject to the following conditions.

1. The items shall be drawn on or about the date or dates of the Payment Plan. The transactions on your bank statement will constitute receipts for payment on your account.
2. If the regular payments set forth on the Payment Plan should vary in amount, you are entitled to receive notice at least 10 days before the payment is due, when it will be made and how much it will be. However, by executing this preauthorization, you choose to instead to get this notice only when the payment would differ by more than $50.00 from the most recent payment
3. By executing this agreement, you acknowledge your awareness that certain disclosures required by the Electronic Funds Transfer Act and its regulations are available for your review at [www.abcfinancial.com](http://www.abcfinancial.com) under Terms and Conditions.
4. The privilege of making payments under this arrangement may be revoked by the Company if any item is not paid upon presentation.
5. If this preauthorization payment arrangement is revoked for any reason, this does not release you from your obligation (Payment Plan).
6. A service fee will be assessed and drafted for any check, draft, credit card, or order returned for insufficient funds or any other reason. A late fee will be assessed and drafted should any monthly payment become past due.
7. This preauthorization payment arrangement shall apply to the following applicant:

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2018.02.13KS