

BODYWISE GYM MEMBERSHIP CONTRACT

Name _____ Age _____ DOB _____
Address _____ Key Fob # _____
City _____ State _____ Zip _____ Daytime Phone _____
Evening Phone _____ DL # _____ SS# _____
Emergency Name and Phone _____ Relationship _____
Email _____ How did you hear about us? _____
Membership type _____ Membership begins _____ Membership ends _____

PAYMENT OPTIONS/INFORMATION

VISA _____ MC _____ AMEX _____ DISC _____ BANK _____ PIF _____
Name on Card _____
Account # _____
CVV _____ Expiration _____
Bank Name _____ Branch _____
Routing # _____ Account # _____

Monthly dues \$ _____

Key Fob \$ _____

Sales Tax: 8.25% to be added

Total Due \$ _____

Monthly Billing \$ _____

Auto Renew _____ **PIF** _____

HEALTH QUESTIONNAIRE

Please answer the following questions, on the back of this contract, to the best of your ability and knowledge. BodyWise Gym reserves the right to deny 24/7 access should your health be at risk.

Have you ever been diagnosed with or been treated for;

Heart condition or disease	YES _____	NO _____
Arthritis	YES _____	NO _____
Epilepsy/seizures	YES _____	NO _____
Pregnancy (now or within last 3 months)	YES _____	NO _____
Diabetes	YES _____	NO _____
Asthma or other breathing challenges	YES _____	NO _____
Chest pain	YES _____	NO _____
Frequent dizziness or loss of balance	YES _____	NO _____
Surgery within last 12 months	YES _____	NO _____
Muscle, joint, bone or back pain that restricts your exercise?	YES _____	NO _____
High blood pressure or chest pains	YES _____	NO _____
Sedentary lifestyle (last 6 months)	YES _____	NO _____
Do you smoke?	YES _____	NO _____
If yes, how much? _____		
Are you male and over the age of 44?	YES _____	NO _____
Are you female and over the age of 54?	YES _____	NO _____
Has anyone in your immediate family had a heart attack, stroke or cardiovascular disease before age 55?	YES _____	NO _____
Are you currently taking any medications or supplements?	YES _____	NO _____
List: _____		
Any other illness or condition?	YES _____	NO _____
Has a physician ever told you NOT to exercise?	YES _____	NO _____
If so, explain; _____		
Additional information/concerns/comments: _____		

SECURITY CAMERAS

To ensure the safety of our patrons, we have installed security cameras that are constantly monitored. Only individuals with the access card will be allowed to use the gym after hours. No unauthorized guests will be allowed or tolerated. A guess pass must be purchased ahead of time for after hour use. Any misuse of the 24/7 privileges will result in a fine and cancellation of membership.

DURING AFTER HOURS

Gym, common areas and bathrooms are available. If you are the last person in club please be sure and turn off all lights, music and TV's. Clean up after your workout. Call 911 in case of emergency. Defibrillator and first aid kit are located at the front entrance of club.

MEMBER AGREES – To abide by all membership rules and regulations of BodyWise Gym. The member hereby agrees and acknowledges the dangers associated with any physical activity and therefore hereby knowingly and voluntarily waives any right of cause of accidents resulting from attendance of activities sponsored by BodyWise Gym. You must personally assess your health and fitness limits accordingly before commencing any fitness programs. Please consult your physician before starting any fitness regime. This agreement shall be interpreted and enforced pursuant to the laws of the State of Texas.

NOTICE TO PURCHASER

Do not sign this contract until you read it or if it contains blank spaces.

CANCELLATION AND REFUND NOTICE

Memberships are automatically renewed at the end of the contract unless you specify in writing that you wish to cancel (initial)____. We must have on file, 30 days in advance, a written notice with your signature, if you wish to cancel your membership (initial)____. Phone calls are not an accepted form of cancellation. If you cancel your membership before the agreed upon term is completed you will be charged the applicable early cancellation fee (initial)____. BodyWise has a membership handbook which we encourage you to read. Please check with staff for a copy of this handbook if you wish to have one for your records.

If you decide you do not wish to remain a member of BodyWise Gym, you may cancel this contract by mailing to BodyWise Gym by midnight of the third business day after the day you sign this contract a notice stating your desire to cancel this contract. The written notice must be mailed by certified mail to the following address: 2900 Pyramid Drive Austin, Texas 78734 (initial)_____.

If BodyWise Gym goes out of business and does not provide facilities within 10 miles of the facility in which you are enrolled or if BodyWise Gym moves more than 10 miles from the facility in which you are enrolled you may:

Cancel this contract by mailing by certified mail, accompanied by proof of payment on the contract to

BodyWise Gym at the following address: 2900 Pyramid Dr. Austin, Texas 78734 (initial) _____.

If you die or become totally and permanently disabled after the date of this contract takes effect, you or your estate may cancel this contract and received a partial refund of your unused membership fee by mailing a notice to BodyWise Gym stating your desire to cancel this contract. Please provide BodyWise Gym proof of disability or death to ensure proper process of refund. The written notice must be mailed by certified mail to the following address: 2900 Pyramid Drive, Austin, Texas 78734 (initial)_____.

Member Acknowledges Having Read & Signed This Agreement

Authorized by _____ Date _____

Member's Signature _____ Date _____

Parent/Guardian Signature If Under 18 _____ Date _____