

WORKOUTS UNLIMITED MEMBERSHIP APPLICATION

Please Print legibly and clearly.

DATE:			
FIRST NAME:	LAST NAME:		MEMBER CARD #:
FIRST NAME:	LAST NAME:		MEMBER CARD #:
MAILING ADDRESS:		CITY:	ZIP:
HOME PHONE:	CELL PHONE:	_ WORK PHONE:	ADDITIONAL PHONE:
EMAIL:		DOB:	

By initialing I have read, understand and agree to the follow:

-	Member agrees to accept full and complete responsibility for his/her own workouts, and any and all activities and use of any and all
	equipment at Workouts Unlimited 1301 Draper St., Kingsburg, CA.
	Member agrees to hold harmless owners of same from any cost, damage and/or expenses incurred as a result of any and all injuries
	sustained at Workouts Unlimited.
	Member further acknowledges that he/she is aware that facility is not staffed and there will be no direct supervision of activities.
	Member also agrees to be under continual video surveillance by the use of surveillance cameras and monitors while present inside
	facility.
	_Should any litigation be commenced between Member and Workouts Unlimited, the party prevailing such litigation shall be entitled, in
	addition to such other relief as may be granted, to a reasonable sum as and for his/her attorney's fees in such litigation which shall be
	determined by court in such litigation or in a separate action brought for that purpose.
	Member is advised to receive physician approval before beginning any exercise program. Members exercise and utilize this facility
	entirely at their own risk.

Owners are not responsible for any lost or stolen items.

____Member has been shown Workouts Unlimited rules and policies and agrees to them.

All members will pay a one-time membership fee upon joining.

SINGLE: \$140.00 COUPLE: \$220.00

WORKOUTS UNLIMITED PAYMENT OPTIONS:

OPTION#1: 12 months paid in full:			OPTION#2: Monthly Auto Payment		
	les membership fee & 10% des membership fee & 10%		IGLE: \$50.00 UPLE: \$70.00		
			will receive a \$25.00 Decline fee		
I give my cons	ent to debit my accou	nt monthly for my Worke	outs Unlimited Gym dues.		
MEMBER SIGN:	DATE:	MEMBER SIGN:	DATE:		
Amount debited is \$					
CHECKING: <u>Please a</u> CREDIT CARD	<u>ttach voided check</u>		HLY Membership Account Y Membership Account (Due the 1 st of the Mc	onth)	

Notice to terminating membership and return of key card must be received **TWO WEEKS prior to automatic payment.** If not received before then, membership will **NOT** terminate and monthly charge will occur.

• No freezing is allowed on any account.

Account number:

• A couple membership may change to a single at any time. No refunds will be given. A single increasing to a couple membership will pay an **additional \$80.00 membership fee**. This will apply every time a membership status is changed from a single to a couple.

Expiration date:

• If a member wishes to discontinue his/her membership and rejoin at a later time, the membership fee will be required again.

MEMBER SIGN: _____

DATE: _____
