

Membership Begins ____/____/____
Through ____/____/____

MEMBER INFORMATION

First Name _____ Last _____ Social Security _____
Street address _____ City _____ State _____ Zip _____
Sex (circle) M F Date of Birth ____/____/____ Phone _____ EMAIL _____
Emergency Contact: Name _____ Relationship _____ Phone _____
Spouse/Child First Name _____ Last Name _____ DOB _____ Sex _____
1. _____
2. _____
3. _____

LIABILITY RELEASE FORM

I Knowingly release *THE BODY FACTORY HEALTH AND FITNESS CENTER*, and its employees, agents, volunteers, harmless from and against all liability for loss or injury to me and/or my Partner/Children resulting from our participation in all programs/activities.
I will indemnify *THE BODY FACTORY HEALTH AND FITNESS CENTER* and its employees, agents, volunteers for all costs which it or they may incur due to claims and demands alleging such loss or injury including settlement payments, court judgments, and legal defense fees.
I agree that *THE BODY FACTORY HEALTH AND FITNESS CENTER* shall have final authority regarding the defense and settlement of claims or suits brought against it or its employees, agents, volunteers claiming any such loss or injury.

Signature _____ Date _____

ELECTRONIC FUNDS TRANSFER REQUEST

I, _____ agree that treatment such as auto debit payment shall be the same as if it were personally signed by me.
Credit/Debit Card # _____ EXP DATE _____ CVN# _____
Buyer Signature _____ Date _____

Member may cancel this agreement penalty free within 3 days from the date of signing this contract (exclusive of holidays and weekends) by delivering In person or certified mail to *THE BODY FACTORY HEALTH & FITNESS CENTER* address listed below. A written notice of cancellation. Upon such receipt of notice within prescribed time period *THE BODY FACTORY HEALTH & FITNESS CENTER* shall refund the total amount paid by the member on this contract. *THE BODY FACTORY HEALTH & FITNESS CENTER* agrees to issue a refund within 30 days after the receipt of the notice of cancellation is made within the 3-day provision. Failure to provide member with a signed copy of this contract will permit member to cancel contract at any time.

INSTALLMENT NOTE

I understand that I have signed here under a contract/note which will be processed and collected by *THE BODY FACTORY HEALTH AND FITNESS CENTER* any future involvement I may have regarding the billing of this contract will be directly with *THE BODY FACTORY HEALTH AND FITNESS CENTER* in writing at the address listed above. My failure to attend and utilize *THE BODY FACTORY HEALTH AND FITNESS CENTER* facilities and services does not relieve me of my obligation, regardless of the circumstances to pay the installment note in full. I understand and accept as herein provided, my membership is subject to non cancellation. Should I default I agree to pay all costs of collection proceedings including but not limited to Collection Agency Fees, Court Costs and reasonable Attorney Fees.

For Value Received, I promise to pay to the order of *THE BODY FACTORY HEALTH AND FITNESS CENTER* the total amount of \$ _____ Payable in _____ consecutive monthly installments of \$ _____ due on the 1st day of each month beginning on _____ and each month thereafter until full amount is paid..

Notice to Buyer: Do Not Sign this contract until you read it (pages 1&2) or if it has blank spaces

X _____ X _____ X _____
WITNESS SIGNATURE BUYERS SIGNATURE ADDITIONAL MEMBER SIGNATURE

