

# IronFit Gym Membership Application

## MEMBERSHIP DETAILS (please print clearly)

Full Name(s): \_\_\_\_\_

Today's Date: \_\_\_\_\_

### **MADISONVILLE ONLY - Membership Type:**

- ☐ \$45/month recurring single membership
- ☐ \$60/month recurring couple membership
- ☐ \$\_\_\_\_\_/month other membership (only by management approval)
- ☐ \$60 One month only membership
- Yearly Memberships available at:
    - \$485.00 for a single
    - \$670.00 for a couple
  - 6 Month Memberships available at:
    - \$250.00 for a single
    - \$345.00 for a couple
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**\*\*Yearly and 6 month memberships are due in a lump sum and are NON-REFUNDABLE\*\***

## **2. MEMBER DETAILS** (Renewing members complete if details have changed)

Sex: Male Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## **3. MEMBERS DECLARATION & PAYMENT DETAILS**

Before signing this document, I have read, understand and hereby agree to the terms and conditions of membership as defined in Section 4 of

this membership form and know that it affects my legal rights. I agree to pay the following:

Monthly Gym Membership Fee of \$\_\_\_\_\_ on the 1st of every month

Start Date (today's date): \_\_\_\_/\_\_\_\_/\_\_\_\_

***Note: If payment is not received after 5 business days of date due, gym membership will be cancelled. In the event of a nonsufficient fund return on your account, there will be an additional non-negotiable fee of \$35.00 to reactive your membership, in addition to any delinquent membership dues owed.***

## **4. MEMBERSHIP CANCELLATION TERMS & CONDITIONS**

With the exception of the above-listed one month, six month, and twelve month memberships, **all memberships are for A MINIMUM OF THREE (3) MONTHS.** After such time, the membership will be on a month-to-month membership with thirty (30) days notice of cancellation by either party. I understand that IronFit will guarantee the rate listed in this application for a period of one (1) year. After such time, I understand that IronFit has the right to raise the rates charged with at least thirty (30) days written notice to me.

I acknowledge and understand that in the event that I wish to cancel my membership to IronFit, I must provide IronFit WRITTEN notice (via email (info@ironfitgym.net), certified mail (610 East Main Street, Madisonville, Texas 77864), or in person to an IronFit employee (receipt of which will be provided)) for my cancellation to become effective. I also understand that I must give AT LEAST THIRTY (30) DAY'S NOTICE before the monthly billing date (the 1st of every month) is required or my account will be drafted for the next month's billing cycle.

## 5. MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE

### Acknowledgment of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks. I Acknowledge and understand that whilst participating in such activity:

I may be injured, physically or mentally, or may die;

My personal property may be lost or damaged;

Other persons participating in such activity may cause me injury or may damage my property

I may cause injury to other persons or damage their property

The conditions in which the activity is conducted may vary without warning

There may be no or inadequate facilities for treatment or transport of me if I am injured

I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

IF I AM THE MAIN SIGNAGE OF A FAMILY MEMBERSHIP, I AM AWARE THAT MY SIGNATURE APPLIES FOR MY ENTIRE FAMILY. THE RACK GYM IS NOT RESPONSIBLE FOR ANY PARTY UNDER A FAMILY MEMBERSHIP.

### Release and Indemnity

I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless IronFit Gym, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

### Administration

Appropriate covered footwear & a shirt must be worn at all times while in the gym facility.

Memberships are not refundable or transferable.

All weights and equipment must be put back after use.

Shared gym access with a non-member will result in forfeiture of membership effective immediately.

Each member must respect other gym users and behave in an appropriate manner at all times.

IronFit Gym Staff reserves the right to rescind the rights of members not complying with the terms and conditions of the membership.

Anyone under the age of 18 must be accompanied by an adult at all times within the gym.

I have read and agree with all of the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## RECURRING CREDIT CARD PAYMENT AUTHORIZATION

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. You agree that no further prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least thirty (30) days prior to the payment being collected.

I \_\_\_\_\_ authorize NGEE Fit, LLC (d/b/a IronFit Gym) to charge my Credit Card indicated below for \$\_\_\_\_\_ one time and then \$\_\_\_\_\_ on the first day of every month.

Card Details

☐ Visa      ☐ MasterCard      ☐ Discover      ☐ American Express

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

Zip Code \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify IronFit Gym in writing of any changes in my account information or termination of this authorization at least thirty (30) days prior to the next billing date. If the above-noted payment date falls on a weekend or holiday, I understand that the payments may be executed the next business day. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of US law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_  
(cardholder's signature)

DATE \_\_\_\_\_