



ENROLLMENT FORM (_____)

PRIMARY MEMBER _____ MEMBER # _____

ADDRESS _____

FAMILY MEMBER NAME: _____ MEMBER # _____

FAMILY MEMBER NAME: _____ MEMBER # _____

FAMILY MEMBER NAME: _____ MEMBER # _____

FAMILY MEMBER NAME: _____ MEMBER # _____

In order to become a registered member of Southeast Health Fitness at Southeast Health, I agree to pay the amount listed below per month for membership(s). This amount includes my membership fee, plus a fee for each family member on my account, if applicable. This payment will be made by credit/debit card. I understand that I must maintain member and family member enrollment to Southeast Health Fitness for a minimum time frame of 6 months. At the end of 6 months my membership and my family membership will be automatically renewed. Notice to cancel must be given 30 days in advance at Southeast Health Fitness.

* I agree to pay a \$20 activation fee per membership if the member is signing up for a 24 Hour Membership. _____

Payment Information:

I do hereby grant permission to Southeast Health Fitness to charge \$_____ to my Debit/Credit Card account for my Southeast Health Fitness membership. This payment will automatically be deducted monthly from my Debit/Credit Card until a written cancellation notification is received.

Card Holder _____ HOME PHONE # _____

Credit Card # _____ Security Code _____ Expiration Date _____

Date _____ Signature _____

Initial for confirmation of Receipt _____

RELEASE OF LIABILITY

I understand and agree that, in return for the privilege of using Southeast Health Fitness; I release Southeast Health from liability of responsibility for any injury I may sustain through my use of the facility. I understand that the use of an exercise facility contains inherent dangers and the risk of injury. I understand and agree that, while Southeast Health intends to provide a safe and healthful exercise facility, Southeast Health or its representatives are not responsible for injuries that I may sustain through the use of the facility, equipment and/or machines, or unsafe conditions caused by others or the conduct of others. I understand and agree that I am solely responsible for learning the proper use and operation of all the equipment and machines and for checking each piece of exercise equipment or machine before using it to ensure it is operating properly.

I understand and acknowledge that it is highly recommended that I consult with a physician of my choice before participating in any physical activity or exercise. I understand and acknowledge that I have been advised of the recommendation for obtaining permission or clearance from the physician of my choice before participating in any physical activity or exercise. I represent that I have obtained permission or clearance from my physician of choice before participating in any physical activities or exercise or that I have voluntarily decided to participate without such permission or clearance from my physician of choice, for which I accept full responsibility.

I have received a copy of the rules and professional appearance guidelines governing admission and use of the Southeast Health Fitness. I have read the rules and guidelines and I understand them to be requirements for the use of the facility. I agree to fully comply with all such rules and guidelines that exist now or that may be amended. I understand that the use of Southeast Health Fitness is a privilege and not a right, and Southeast Health may discontinue any use at any time deemed necessary to maintain a safe environment for others or myself or if I do not comply with established rules and/or guidelines.

Member Signature

Date

Place of Employment

LWF Staff Signature

Date