

Membership Number _____

Viscount Fitness & Wellness Centre

Today's Date: _____

New: _____
Renewal: _____

MEMBERSHIP AGREEMENT

PERSONAL INFORMATION

SURNAME: _____ FIRST NAME: _____ M ___ F ___
ADDRESS: _____ CITY: _____ PROV: _____
POSTAL CODE: _____ BIRTHDATE: month ___ day ___ year ___
PHONE (RES): _____ PHONE (WK): _____
EMERGENCY CONTACT: _____ PHONE: _____

Key Deposit:		<u>\$20.00</u>	Key # _____
Membership Fee:	Jan-Mar	\$45.00	
	Apr-June	\$45.00	
	Jul-Sept	\$45.00	
	Oct-Dec	\$45.00	

Total Paid -----\$ _____

MEMBERSHIP PRIVILIGES RULES AND DISCLOSURE

1. That the *Viscount Fitness & Wellness Centre* is an unsupervised facility.
2. Please abide by the Code of Conduct and failure to do so will result in immediate suspension of membership.
3. That the Code of Conduct may be changed without notice.
4. To be a minimum of 16 years of age (unless participating with parent or guardian)
5. This contract is non-transferable.
6. That I undertake all exercises, treatment and use of equipment at my own risk and that I hereby forever release and discharge *Viscount Fitness & Wellness Centre, Village of Viscount* it's officers, servants, agents and employees from any claim or cause of action arising out of injury to myself or my property resulting from the use of the service or facilities.
7. That I hereby forever release and discharge *Viscount Fitness & Wellness Centre, Village of Viscount* from any act of active or passive negligence on the part of it's officers, servants agents or employees.
8. I understand that I will be issued a *Viscount Fitness & Wellness Centre* key and that it will remain the property of *Viscount Fitness & Wellness Centre*, membership will be revoked if any duplication of key.
9. I understand that failure to use the *Viscount Fitness & Wellness* due to illness, relocation or any other reason will not relieve member from his/her payment.

I HEREBY CONFIRM THAT:

1. TO THE BEST OF MY KNOWLEDGE, I AM IN GOOD HEALTH AND THAT THERE IS NOTHING TO PREVENT ME FROM ENGAGING IN THE EXERCISES OFFERED BY THE CENTRE OR USING ITS EQUIPMENT.

Applicant: _____

Parent or Guardian: _____
(Under the age of 18 requires signature by parent or guardian)

ORIENTATION: _____

DATE: _____