



Name _____ Driver's License # _____
Mailing Address _____ City, State _____ Zip Code _____
Email _____ Home Phone _____ Cell Phone _____
Employer _____ Occupation _____ Work Phone _____
Emergency Contact _____ Emergency Phone _____

MEMBERSHIP ACCESS TO CLUB FACILITY

Primary Member _____ [] Tanning Birthdate _____ Key # _____
Family Member _____ [] Tanning Birthdate _____ Key # _____
Family Member _____ [] Tanning Birthdate _____ Key # _____
Family Member _____ [] Tanning Birthdate _____ Key # _____

MEMBER ASSUMPTION OF RISK AND RELEASE

I understand the risk of injury from CLUB activities and using any CLUB equipment is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that this is an UNSUPERVISED FITNESS CENTER and I assume all risks associated with using exercise equipment and exercising alone without the aid and presence of CLUB staff on the premises. I INDEMNIFY, AND HOLD HARMLESS Vital Fit Club, LLC, as well as all sponsors and advertisers, and all owners and lessors of the premises of such clubs, and their respective officers, affiliates, agents and employees WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE to person or property that may arise out of or in connection with my use of any of the equipment or the facilities of the CLUB of any other Anytime Fitness club, or any incident that occurs while using such facilities, or otherwise related to my membership.

I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the CLUB is relying on this release in agreeing to enter into this Agreement.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY IN-DUCEMENT.

ADDITIONAL TERMS AND CONDITIONS - I hereby confirm that I am aware of and agree to the terms and conditions on this document.

Primary Signature _____ Date ___/___/___
Member Signature _____ Date ___/___/___
Member Signature _____ Date ___/___/___
Member Signature _____ Date ___/___/___
Staff Signature _____ Date ___/___/___

CLUB ENHANCEMENT FEE

The purpose of the Club Enhancement Fee is to provide for the maintenance and improvement of the equipment and services offered. This fee of \$10.00 will be collected annually on March 15th & September 15th.

MEMBER'S Initials _____

SIGNATURE _____ Date ___/___/___

MEMBERSHIP TERM (Office Use)

MEMBERSHIP TERM IS _____ MONTHS,
BEGINNING ___/___/___ EXPIRING ___/___/___
Membership Dues \$ _____
Tanning Dues \$ _____
Processing Fee \$ _____
Class Fee \$ _____
Sales Tax \$ _____
Total \$ _____
Down Payment \$ _____
Unpaid Balance \$ _____

Down Payment (circle one) Cash Check MC / VISA / DIS / AMEX

Payment Plan (circle one) PIF Monthly Other _____

Monthly Payments to be made by (circle one)

Checking / Savings MC / VISA / DIS / AMEX

Type of Membership _____

I agree to and understand the following payment plan(s):

PAYMENT PLAN (Membership Dues): \$ _____ PER MONTH
FOR _____ CONSECUTIVE MONTHS BEGINNING ___/___/___

PAYMENT PLAN (Tanning Dues): \$ _____ PER MONTH
FOR _____ CONSECUTIVE MONTHS BEGINNING ___/___/___

AUTO RENEWAL PROGRAM

Provided that MEMBER is not in default of this agreement and subject to the terms and conditions hereof, the membership will automatically renew at the rate indicated below. Renewal terms may be cancelled at any time provided a 30-day written notice is delivered to the CLUB's address or their designated billing company. It is also understood that the CLUB has the option to increase monthly renewal dues without notice during any renewal period not to exceed \$5.00 per month, per member.



I/We hereby authorize the Designated Billing Company selected by this CLUB to draw items (checks, electronic fund transfers, charge card) for the purpose of paying the membership dues, including any late fees or service fees, as well as other purchases, on the account indicated below.

CHECK / ELECTRONIC FUND TRANSFERS

NAME AS SHOWN ON ACCOUNT _____

CHECKING SAVINGS

BANK NAME _____

ROUTING # (9 DIGITS) _____

ACCOUNT # _____

CHARGE/CREDIT CARD

NAME AS SHOWN ON ACCOUNT _____

CREDIT CARD # _____ EXP. DATE _____

Subject to the following conditions:

- (1) The items shall be drawn on or about the date or dates of the Payment Plan. The transactions on your bank statement will constitute receipts for payment on your account.
- (2) If the regular payments set forth on the Payment Plan should vary in amount, you are entitled to receive notice at least 10 days before the payment is due, when it will be made and how much it will be. However, by executing this preauthorization, you choose to instead get this notice only when the payment would differ by more than \$50.00 from the most recent payment.
- (3) By executing this agreement, you acknowledge your awareness that certain disclosures required by the Electronic Funds Transfer Act and its regulations are available for your review at the Designated Billing Company’s website: www.bremer.com under Terms and Conditions.
- (4) The privilege of making payments under this arrangement may be revoked by the Company if any item is not paid upon presentation.
- (5) If this preauthorization payment arrangement is revoked for any reason, this does not release you from your obligation (Payment Plan).
- (6) A service fee will be assessed and drafted for any check, draft, credit card, or order returned for insufficient funds or any other reason. A late fee will be assessed and drafted should any monthly payment become past due.
- (7) This preauthorization payment arrangement shall apply to the following Applicant(s):

SIGNATURE _____ DATE _____



MEMBER WAIVER & AUTHORIZATION

I, _____ (“Client”) understand the risks associated with any physical activity I participate in at Vital Fit Club, LLC (“CLUB”). This includes injury, death, and property damage, and I do not hold Vital Fit Club, LLC responsible.

Signature (Client): _____

Date: _____

CLIENT CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone: _____

Relationship: _____