

MEMBERSHIP AGREEMENT

CARD # _____

By signing below you agree to purchase a membership at the Jasper Wellness Center on the terms and conditions described in this Agreement. You agree to make the payments shown in the Agreement and to abide by the Rules and Regulations of the Jasper Wellness Center as set forth below and as they may be from time to time amended, in our sole discretion. Jasper Wellness Center members are expected to join for a minimum 3 month period.

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Date of Birth _____

Email address _____

In case of emergency, call _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

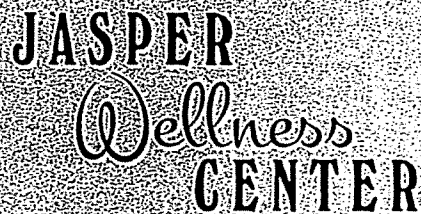
How did you hear about the Jasper Wellness Center? _____

Monthly Electronic Funds Transfer (EFT): Payment will be withdrawn from the member's account on the first of each month. Members can cancel their membership by calling or submitting written notification to the Jasper Wellness Center personnel no less than 10 days prior to the first of the month.

_____ Single Membership \$35.00 per month

_____ Couple Membership \$30.00 per month per person

_____ 3 or more Memberships \$25.00 per month per person



Basic Rules

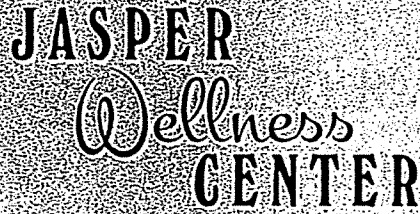
To help everyone enjoy their workout experience we will list a few basic rules for **EVERYONE** to follow.

1. Please bring your own towel, iPod, and headset...
2. Always be courteous to other members – take turns with machines, be in complete agreement with radios, etc.
3. Carry in your work out shoes. Please be sure that all shoes are clean and dry before working out on the equipment.
4. Must wear shirts while working out in the Jasper Wellness Center.
5. Clean the sweat off the equipment when you are finished.
6. Turn off what you are using if nobody else is in the fitness center. (Lights, TVs, radios....)
7. A telephone is provided for your safety. Please use in emergency situations only.
8. Report any problems immediately to the City Office (complaints or problems observed)
9. **Everyone must swipe their card key** when entering the building, even when entering with other members.
10. Notify us immediately if you lose your card key. A \$10.00 fee will be charged for a replacement card.
11. **Never let a non-member into the Jasper Wellness Center.**
12. Contact the City Office if an out of town guest would like a temporary pass.
13. Always use the equipment in the manner in which they were intended.
14. Have a safe and enjoyable time using the Jasper Wellness Center.

I have read the above guidelines and agree to follow them to the best of my ability.

Name _____ Date _____

WORKING OUT WITHOUT PAYING IS TRESPASSING!!!



RELEASE, WAIVER & ASSUMPTION OF RISK

I, _____, will be using exercise equipment and facilities owned or leased by the Jasper Wellness Center, and I acknowledge that there are risks involved in this activity,

I assume all the risk of damage arising from this activity and I agree to hold the Jasper Wellness Center, its officers, employees, and owners thereof, harmless from any and all actions, causes of action, liability claims, and demands by reason of any damage, loss, injury or suffering which I or my family may hereafter sustain in consequence from using said exercise equipment and facilities.

I acknowledge that the Jasper Wellness Center is not responsible for personal injury incurred using the facility. I realize there are risks involved with exercise and it is my free choice to use the equipment. I realize the facility may be utilized even when there are no staff members present. The proper use of the equipment has been introduced to me and I understand the safety requirements of all the machines, both weight training and cardiovascular trainers. I will not seek financial claims against the Jasper Wellness Center due to my own negligence.

I acknowledge that any small children in my care shall not be permitted to use any equipment on the premises and are discouraged from entering the premises. I take full responsibility for any children that I allow to enter the premises.

I have been encouraged to consult with my physician whenever changing my eating habits or physical activity.

Name _____ Date _____

Signature _____

Family membership signatures _____



AUTHORIZATION AGREEMENT

To

DEBIT YOUR ACCOUNT

I authorize The Jasper Wellness Center to initiate debit entries to my account indicated below. I acknowledge that the origination of ACH transactions to my account my comply with the provisions of the U.S. Law.

(Customer Name – Please Print)

(Customer Address - Please Print)

(Name of Financial Institution)

(Address of Financial Institution)

Checking Account #

Savings Account #

Bank Routing #

(Amount to be debited & variance if)

(Starting Date)

(Date to be debited)

Account Information to Debit

****Please attach a voided check****

This authorization will remain in effect for one year after sign-up. After one year, this authorization will remain in effect until I notify you in writing to cancel it 30 prior to payment date. This would afford the Jasper Wellness Center and the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my bank up to 3 business days prior to my account being charged. I understand that there may be a fee charged by my financial institution for any stop payment I authorize.

Name (Please Print)

Signature

Date