HOPE PLACE

## Hope Place Women's Fitness (HPWF) Member Contract

Between Hope Place Women's Fitness (HPWF) and (please print name): _____

Services Provided: Hope Place Women's Fitness obligations hereunder and the undersigned Member's membership are conditioned upon (i) Member executing this Agreement and initializing as designated, (ii) Member executing a Release in the form provided by Hope Place Women's Fitness, and (iii) Member otherwise complying with this Agreement (including, without limitation, the Rules defined below) For purposes of the foregoing conditions, the term "member" shall include each individual included in a membership. Conditioned on the foregoing, operating hours, as established from time to time, and (b) participate in any one or more group classes offered by Hope Place Women's Fitness from time to time.

The facility is located at the address of 5007 Southside Dr. Louisville, KY 40214.

Hours of operation as follows:

Operating Hours: Monday-Friday 9:30am-1:00pm & Monday-Thursday 5:00pm-7:00pm

Hope Place Women's Fitness may alter its location, operating hours, type and quantity of equipment, and type and frequency of its classes from time to time in its sole discretion. Fitness training is an evolving science. Thus, Hope Place Women's Fitness reserves the right to change its routines, classes and equipment to accommodate such evolution.

Membership: Payment

Member hereby subscribes for the following type of membership (Check all that apply):

_____ Individual Adult

_____ Teen 13-18

Length of Membership:

_____ $15 per month (recurring withdrawal unless cancelled previous month by the 15th)

_____ $150 for 12 months

Credit card/Debit Card #: _____ Exp Date: _____ CVS: ____

ACH: Routing No: _____ACH Account No: _____

Member Signature _____

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## Hope Place Women's Fitness

Manner of Payment:

Compliance with Rules: Member shall abide by all membership and facility rules and regulations established by Hope Place Women's Fitness, which may be posted at the facility, provided in writing, or issued orally and which may be amended from time to time in the sole discretion of Hope Place. I agree that improper or unauthorized use of the facility or violation of the Rules may result in member suspension or cancellation at HPWF discretion.

General: This Agreement, the Release and the Rules represent the complete understanding between Member and HPWF. No representations, written or oral, other than those contained in this contract are authorized or binding upon HPWF. Member understands that she is obligated to pay the membership fee regardless of whether Member uses the facility. Member agrees to promptly notify HPWF in writing of any changes of address, phone, and/or bank account/credit card information. At the end of each month of this membership contract, it shall continue in effect on a month to month basis unless new rates have been installed or you provide notice of cancellation to terminate this contract.

Cancellation Rights: You may cancel this contract for by delivering written notice of cancellation to: Hope Place Fitness, 5007 Southside Dr. Louisville, KY 40214. **Must be delivered by the 15th of the previous month to not be charged for the next month.**

TO CANCEL THIS AGREEMENT, MAIL OR DELIVER A SIGNED AND DATED NOTICE, WHICH STATES THAT YOU, THE BUYER, ARE CANCELING THIS AGREEMENT, OR WORDS OF SIMILAR EFFECT.

THE TOTAL TERM OF THIS MEMBERSHIP AGREEMENT IS $_____

I certify that I have read and understand all of the terms of this agreement and agree to abide by all of the terms of this Agreement.

Member (please sign): _____

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**RELEASE FROM LIABILITY AND ASSUMPTION OF RISK (ADULT)**

PLEASE READ CAREFULLY, COMPLETE, AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I, _____ _____, have applied to HPWF at CrossFit Hope Place's facility located at 5007 Southside Dr. Louisville, KY 40214.

_____ I hereby acknowledge that I should consult with my physician before beginning any exercise program.

_____ I certify that I am not aware of any medical condition which would render me unfit to participate in any exercise program and that I will inform HPWF immediately of any change in my medical condition.

_____ I agree that if I experience symptoms such as shortness of breath, chest pain, unusual fatigue, dizziness or fainting, or extreme pain, I will immediately stop exercising and inform a representative of HPWF of my symptoms.

_____ I authorize any representative of HPWF to obtain emergency medical treatment for me, including transportation to a hospital or other medical facility.

_____ I UNDERSTAND AND ACKNOWLEDGE THAT THERE ARE RISKS INHERENT IN ANY EXERCISE PROGRAM INCLUDING BUT NOT LIMITED TO HEART ATTACK, STROKE, ORTHOPEDIC INJURY, INJURIES CAUSED BY THE USE OF EXERCISE EQUIPMENT AND OTHERS. THESE INJURIES CAN OCCUR SUDDENLY AND WITHOUT WARNING, AND MAY RESULT IN DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS PROGRAM WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS ABOVE.

_____ FOR AND IN CONSIDERATION OF PERMITTING ME TO PARTICIPATE IN THE PROGRAM, I, FOR MYSELF AND FOR MY HEIRS, BENEFICIARIES, AND PERSONAL REPRESENTATIVES, HEREBY RELEASE AND FOREVER DISCHARGE HOPE COLLABORATIVE'S – HOPE PLACE WOMEN'S FITNESS AND ITS DIRECTORS, OFFICERS, MEMBERS, MANAGERS, EMPLOYEES, AGENTS, ATTORNEYS, INSURERS, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, "HOPE COLLABORATIVE"), FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, LIABILITIES, RIGHTS, ACTIONS, CAUSES OF ACTION, EXPENSES, AND SUITS OF ANY KIND WHATSOEVER, FORESEEN OR UNFORESEEN, FOR PERSONAL INJURY, WRONGFUL DEATH, DAMAGE TO PROPERTY, OR OTHERWISE RESULTING FROM MY PARTICIPATION IN THE PROGRAM AND/OR THE ACTS OF OMISSIONS OF ANY OF HOPE PLACE WOMEN'S FITNESS PARTIES, INCLUDING ANY AND ALL NEGLIGENT ACTS, WHETHER ACTIVE OR PASSIVE, IRRESPECTIVE OR WHETHER SUCH INJURIES, DEATH, OR DAMAGES OCCURE DURING TRAINING OR THEREAFTER.

_____ I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AT LEAST 18 YEARS OF AGE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND HOPE PLACE WOMEN'S FITNESS AND I SIGN IT OF MY OWN FREE WILL.

Executed on _____, _____ at_____, Kentucky.

_____

Signature

_____ _____

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## Hope Place Women's Fitness

## 5007 Southside Dr. Louisville, KY 40214

**MEMBER INFORMATION**:

NAME: _____ TODAY'S DATE: _____ _

ADDRESS: _____ DATE OF BIRTH: _____

_____ AGE: _____

_____ GENDER: FEMALE_____

PHONE#: (HOME) _____ EMAIL: _____

(CELL) _____ POSITION: _____

(WORK)_____ COMPANY: _____

Any medical conditions that will interfere in your ability to exercise at HPWF: yes___ no___

I verify that all information notes above are accurate. I understand that it is my responsibility to update the staff of Hope Place Women's Fitness of any changes in my medical status and it is also my responsibility to obtain medical clearance from my physician if needed to participate.

_____ _____

Signature of Participant Date

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EMERGENCY CONTACT FORM

NAME: _____

EMERGENCY CONTACT IN CASE OF AN ACCIDENT:

NAME OF CONTACT PERSON_____

PHONE# (HOME)_____ (WORK)_____

RELATIONSHIP TO CLIENT_____

NAME OF CONTACT PERSON_____

PHONE# (HOME)_____ (WORK)_____

RELATIONSHIP TO CLIENT_____

DATE OF BIRTH: _____ AGE: _____

ARE YOU ALLERGIC TO ANYTHING: yes___ no___

If yes, list:

ARE YOU TAKING ANY MEDICATIONS AT THE PRESENT TIME: yes___ no___

CHOICE OF HOSPITAL YOU WOULD LIKE TO BE TAKEN: _____

WHAT TYPE OF INSURANCE DO YOU HAVE: _____

_____ _____

SIGNATURE OF CLIENT DATE