

TZONE FITNESS®

Member Agreement

First Name: _____ Email: _____
Last Name: _____ Facebook: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Emergency Contact: _____ phone: _____
Relationship: _____

Workout packages 6 workouts 12 workouts 20 workouts Other _____
Amount: _____ Program starting date _____ Program ending date _____

- Cancellation or part of a training program completed by _____ ending date will be forfeited, unless prior payments are made. INITIAL _____
- All cancellations must be cancelled _____ scheduled 24 hours in advance. Any training session that is cancelled _____ scheduled prior to _____ will be forfeited. INITIAL _____

Membership Type: _____ Membership Length: _____
Method of Payment: _____ Card Cash EFT
Please Bill My: Visa MC Amex Checking Acct. Account Number: _____
Bank Name: _____ Routing Number: _____
Credit Card Number: _____ Expiration Date: _____

I authorize the Training Zone to bill my bank _____ or credit card for my monthly dues. My account will be debited on or shortly following _____ day of each month _____ ending _____, 20____ for the amount of: \$ _____

I have given authority to the above named bank to _____ authorize checks drawn by the Training Zone. When the bank _____ the check by charging my account, such _____ I will provide my receipt for payment. Should any _____ check not be honored by said bank when _____ the bank, then it is understood that the payment _____ is to be made by me or other account listed above. _____

Authorized Signature: _____ Date: _____

LATE FEES: If the Training Zone is unable to collect monthly dues for any reason, the Training Zone may double-charge my account the following month plus impose an administrative fee of \$10.00 without further notice to member. If the Training Zone does not collect 3 payments the gym may collect the total amount due on full membership terms from the account listed above. **MONTHLY DUES:** To remain a member in good standing you must pay your dues on time. **AUTOMATIC RENEWAL PRIVILEGE:** Provided that you are not in default of this agreement and subject to the terms and conditions hereof, you are granted an automatic option to renew such membership for the rate indicated above. Following initial membership terms, this option may be canceled by member at any time by giving 30 days written notice by certified mail to the Training Zone. **PHYSICAL CONDITION:** You have told the Training Zone that you are in good physical condition. You have told the gym that you have no physical impairment or disability which would prevent you from using the gym and its equipment for the purpose of training. The Training Zone is relying upon you to present any concerns or questions regarding your ability to partake in any physical activity or workout program. **DEFAULT:** Should member default on agreement in anyway, the Training Zone is hereby authorized to charge member's account for the balance of the agreement. **ASSUMPTION OF RISK:** You agree that your use of the gym's equipment and any facilities will be at your own risk. You further agree that the gym will not be responsible for any injury or damages to you, your guest or your property because of the use of the Training Zone and the parking lot. The Training Zone has the right to determine days and hours which the gym will be available to members and the services and equipment which will be available at the Training Zone.

x Authorized Signature: _____ Date: _____
parent