



220 15th St SE Glenwood, MN 56334

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Minnewaska Wellness Center, LLC (dba Minnewaska Fitness Center) membership agreement

Membership Type: Basic:	Ind. Couple	Family	Student	Senior	Memb. No.:	_____
(Circle one) Premium:	Ind. Couple	Family	Student	Senior	Access Card:	_____
Platinum:	Ind. Couple	Family	Student	Senior	Insurance:	_____

Primary Member: Last Name _____ First Name _____ Today's Date _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone/Cell phone _____ Email _____ Date of Birth _____

Family Membership

1. _____ Print Name	_____ Signature or parent Signature if under 18	_____ Date of Birth
2. _____ Print Name	_____ Signature or parent Signature if under 18	_____ Date of Birth
3. _____ Print Name	_____ Signature or parent Signature if under 18	_____ Date of Birth

Membership Fees and Payment Information

Monthly Draft Payment: \$ _____ To Begin: _____

Choose One: 1st of the month 15th of the month

- minimum of three months is required for monthly draft option
- monthly draft payment may include additional services and programs as noted on additional form that must accompany this agreement
- Insurance companies will ONLY reimburse into a checking or savings account using bank routing and account number

Monthly Bank Draft/Credit Card Payment Agreement

I understand my bank draft/credit card membership payment is continuous with a minimum of three months and a 30 day notice of cancellation in writing or by email prior to cancellation. I hereby authorize Minnewaska Wellness Center through Vanco Services, LLC to draw funds from the account listed below for Membership fees.

Name of Financial Institution: _____

Bank Routing No.: _____ Account No.: _____

Please include a voided check or withdrawal slip.

OR

Credit Card: Visa / MC Credit Card No.: _____

Exp. Date _____ / _____ 3 digit security code: _____

If this is a debit card associated with your bank account, please provide us the routing and account number above

Member Signature _____ Date: _____ / _____ / _____

1. **Terms of Membership:** There is no refund for early cancellation or non-usage. At the end of the term of one month, three month or annual payment, your membership will be renewed at your request. Monthly draft payments must be a minimum of three months and must receive a 30 day written or email notice of cancellation. _____
2. **Membership Hold:** You may put your membership on hold with written notice for up to two months due to medical reasons or military reasons within a 12 month period. _____
3. **Default:** In the event that Member defaults under the terms of this Agreement, fails to abide by Minnewaska Wellness Center, LLC Policies & Facility Rules or fails to sign and deliver a Waiver form as provided for in this Agreement, Minnewaska Wellness Center may immediately cancel this Agreement without advance notice and prohibit access to the Facility by Member and thereafter pursue all other legal and/or equitable remedies against Member including reimbursement of all litigation expenses and reasonable attorney fees incurred in the enforcement of this Agreement. _____
4. **Membership Access Cards:** Minnewaska Wellness Center issues a membership/access card to memberships for identification purposes and access into facility. In accepting membership access card, member agrees as follows:
 - a. Member must pay a onetime fee of \$10 to receive access card.
 - b. Member shall protect their access card from use by anyone except member.
 - c. Member shall sign in immediately upon entering the facility.
 - d. Each member shall use their own access card for entry. If more than 1 member arrives at the same time, each must enter separately with their access card.
 - e. There is a \$10 replacement fee for access cards that are lost, stolen, or damaged. _____
5. **Security**
 - a. Member acknowledges that Minnewaska Wellness Center is a 24 hour **access** facility. As a 24 hour access facility, the facility is available to members 24 hours a day, 7 days a week; however, Minnewaska Wellness Center is not staffed 24 hours a day.
 - b. Member acknowledges that if Member elects to use the facility during non-staffed hours, Member understands and accepts risks associated with use of the facility during non-staffed hours.
 - c. Facility is under 24-hour television surveillance. Cameras have been installed to provide an increased level of security for the benefit of members and Minnewaska Wellness Center. _____
6. **Safety**
Member must report any incident or injury occurring within Minnewaska Wellness Center within 24 hours of incident by completing an injury/incident form located at registration area and giving to staff or placing in lock box located next to the office door. _____

WAIVER: It is expressly agreed that all exercises and treatments and use of all facilities shall be undertaken by member or guest at member or guest's sole risk and that Minnewaska Wellness Center shall not be liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever to member or guest or property arising out of or connected with the use of any of the services and facilities of Minnewaska Wellness Center or the premises where same are located, and member or guest, and member or guest's heirs, administrators, executors or assigns, do hereby expressly forever release and discharge Minnewaska Wellness Center, its owners, managers, employees, agents, members, representatives and assigns from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of Minnewaska Wellness Center, its owners, managers, employees, agents, members, or representatives.

I acknowledge that I have received copy of this agreement and that I have received and agree to abide by Minnewaska Wellness Center, LLC Facility Policies & Rules.

Member Signature	Date
Member Signature	Date
Member Signature	Date