

# MAIN STREET FITNESS

## MEMBERSHIP APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### RATES

#### ACCOUNT ACTIVATION FEE – \$10

SINGLE \$45	SINGLE 4 MONTH \$160	SINGLE ANNUAL \$380
COUPLE \$70	COUPLE 4 MONTH \$240	COUPLE ANNUAL \$600
STUDENT \$35	STUDENT 4 MONTH \$120	STUDENT ANNUAL \$320
SENIOR \$35	SENIOR 4 MONTH \$120	SENIOR ANNUAL \$320
SENIOR COUPLE \$50	SENIOR COUPLE 4 MONTH \$180	SENIOR COUPLE ANNUAL \$450
FAMILY \$90	FAMILY 4 MONTH \$300	FAMILY ANNUAL \$700

## **WELCOME TO MAIN STREET FITNESS HEALTH CLUB!**

**BY PURCHASING A MEMBERSHIP AT MAIN STREET FITNESS, YOU AGREE TO THE FOLLOWING:**

**1. I AM VOLUNTARILY PARTICIPATING IN EXERCISE AT MAIN STREET FITNESS, 202 S MAIN ST., STOCKTON, IL 61085.**

**2. I RECOGNIZE THAT EXERCISE REQUIRES PHYSICAL EXERTION THAT MAY BE STRENUOUS AT TIMES AND MAY CAUSE PHYSICAL INJURY AND I AM FULLY AWARE OF THE RISKS AND HAZARDS INVOLVED.**

**3. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONSULT WITH A PHYSICIAN PRIOR TO AND RESPONSIBILITY REGARDING MY PARTICIPATION. I REPRESENT AND WARRANT THAT I HAVE NO MEDICAL CONDITION THAT WOULD PREVENT MY RESPONSIBILITY.**

**4. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS, INJURIES OR DAMAGE KNOW OR UNKNOWN WHICH I MIGHT INCUR AS A RESULT OF PARTICIPATING IN THE PROGRAM. SUCH INJURIES MAY INCLUDE, BUT ARE NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, MUSCLE PULLS, MUSCLE TEARS, BROKEN BONES, SHIN SPLINTS, HEAT PROSTRATION, INJURIES TO KNEES, INJURIES TO BACK, INJURIES TO FOOT, OR ANY OTHER ILLNESS OR SORENESS, INCLUDING DEATH.**

**5. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE AGAINST COLTON BROSHOUS, MAIN STREET FITNESS, OR ANY INDIVIDUAL CONDUCTING ANY PROGRAMS OR CLASSES AT MAIN STREET FITNESS, FOR INJURY OR DAMAGES THAT I MAY SUSTAIN AS A RESULT OF PARTICIPATING IN THE PROGRAM.**

**6. I, MY HEIRS OR REPRESENTATIVES FOREVER RELEASE WAIVE, DISCHARGE AND COVENANT NOT TO SUE COLTON BROSHOUS, MAIN STREET FITNESS, OR OR ANY INDIVIDUAL WHO IS CONDUCTING ANY PROGRAMS OR CLASSES AT MAIN STREET FITNESS FOR ANY INJURY OR DEATH CAUSED BY THEIR REASONABLE ACTS.**

**I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

**SIGNATURE \_\_\_\_\_**

**DATE \_\_\_\_\_**