

Empowered Sports Club

Phone: 260.637.1551

Fax: 260.637.1554

Membership Agreement

Please Print
Name(s)

Date of Birth

Gender

Date: _____
Employer

1. _____

2. _____

Address: _____

City _____ State _____ Zip _____

Home (____)____-____ Bus. (____)____-____

Member 1. Cell (____)____-____

Member 2. Cell (____)____-____

Member 1. Email _____

Member 2. Email _____

Emergency Contact: Name _____ Phone _____

Fitness Monthly Membership:

Per Month:

Empowered & Parkview Athletes, Staff, or Immediate Families

- | | |
|--|----------------|
| ❖ Fitness Only | \$10.00 |
| ❖ Open Court Unlimited Walk-On Only | \$10.00 |
| ❖ Fitness/Walk-on Combo | \$15.00 |

Non Empowered or Parkview Affiliates

- | | |
|--|----------------|
| ❖ Fitness Only | \$20.00 |
| ❖ Open Court Unlimited Walk-On Only | \$20.00 |
| ❖ Fitness/Walk-on Combo | \$30.00 |

Grand Total \$ _____

Empowered or Parkview Member Affiliate:

Relationship to Affiliate:

How did you hear about us? _____

What special health conditions do you experience? _____

PAYMENT AUTHORIZATION:

Card Payment: _____VISA _____MC _____AMEX _____DISCOVER _____DEBIT CARD

Credit Card #: **Please swipe card** & Last 4 digits: _____ Expiration: _____

OR

Bank Withdrawal: *****Please attach voided check*****

*******Authorized Signature:** _____ **Date:** _____

DUES INFORMATION:

There is no long term contract. This membership is a dues paying membership. It begins on the date indicated and continues indefinitely unless cancelled by giving 30 day written notice **Initial 1.** _____ **Initial 2.** _____, and providing full payment of any unpaid dues or indebtedness. Beginning on _____ monthly dues of \$ _____ will be paid to Empowered Sports Club. Empowered Sports Club reserves the right to increase dues at the discretion of the Club with prior written notification.

WAIVER:

Member acknowledges that there are certain risks inherent in participating in an exercise program. These risks range from mild fatigue to more serious events which may lead to prolonged serious illness or even death. Member holds Empowered Sports Club, its agents and employees free and harmless from all liability and damages resulting from any and all accidents, injuries or illnesses arising, either directly or indirectly, from Member's participation in Empowered Sports Club's exercise program, including all consequential and incidental damages, except resulting from the negligence of Empowered Sports Club or its agent and employees. Member further acknowledges that he or she is not aware of any medical or physical condition, which would preclude participation in an exercise program.

PERMISSION TO USE PHOTOGRAPH/VIDEO:

I grant to Empowered Sports Club, its representatives and employees the right to take photographs/video of me and my property in connection with the above-identified subject. I authorize Empowered Sports Club its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Empowered Sports Club may use such photographs/video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Initials _____ **Date:** _____

NOTICE TO CUSTOMER

You are entitled to a copy of this Agreement at the time you sign it. Keep it to protect your legal rights. Do not sign this Agreement if blank. I certify that I have received a completed and signed copy of the membership agreement and any other document which I have signed. This represents the entire agreement between Member(s) and Empowered Sports Club. I further certify that I have read BOTH SIDES of this Agreement, including cancellation policy, rules, regulations and other policies prior to affixing my signature. I will comply with the rules and regulations of Empowered Sports Club.

Signature 1 _____ **Signature 2** _____

Date: _____ **Date:** _____

Parent/Guardian (Please Print): _____

Signature: _____ **Date:** _____
(If under 18, must be signed by Parent or Guardian)

Staff Name: _____