

GRACEWAY FITNESS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:	NIB:	Driver's License:	Phone:	Cell:
Address:	City	Place of Birth:	P.O. BOX	

EMPLOYMENT INFORMATION

Current employer:	Employer address:	Area:	Position:	Years:
Phone:	Fax	Email:		

EMERGENCY CONTACT

Name of a relative / friend not residing with you:	Address:		
City	Area	Alternate Numbers	
Phone	Cell Phone:	Relationship	

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	NIB/Insurance #:	Phone:

Choose One Of the Following Membership Options

<p style="text-align: center;"><input type="checkbox"/> <u>VIP Membership</u></p> <p>Annual Fee: \$1,000</p> <p><input type="checkbox"/> Individual Monthly Fee: \$ 105</p> <p><input type="checkbox"/> Couples Monthly Fee: \$ 200</p> <p style="text-align: center;"><i>VIP Membership Benefits Include Gym & Open Times On Multi-Court, restrictions apply.</i></p> <p style="text-align: center;"><input type="checkbox"/> <u>General Membership</u></p> <p>Annual Fee: \$ 900</p> <p><input type="checkbox"/> Monthly Fee: \$ 90</p> <p><input type="checkbox"/> Couples Monthly Fee (proof needed): \$ 165</p> <p>Towel Service: Daily Charge: \$10 deposit/\$9 back upon return of towels/amenities.</p> <p>Change Rooms & Showers: Are Complementary to all Members & Day Pass Holders.</p>	<p style="text-align: center;"><input type="checkbox"/> <u>Platinum</u></p> <p>One Year Platinum: \$1,300</p> <p>Two Year Platinum: \$2,200</p> <p style="text-align: center;"><i>Platinum Membership Include Tennis, Gym, & Multi-Court restrictions apply.</i></p> <p>Weekly Rate \$50.00</p> <p style="text-align: center;"><small>Please note the Weekly rates are from Monday – Sunday Exclusively & only Monthly & Annual Membership get pro-rated. Weekly memberships end on Sunday, Monthly end @ EOM & Annual end on October 1st.</small></p> <p>Day passes for guest are available for \$15.00</p> <p style="text-align: center;"><small>Guests of GYM Members are welcome anytime. Please note that they are subject to a \$10.00 <u>daily fee</u>. Members may bring a maximum of two guests per visit. Guests MUST check in at the front desk with their member sponsor and must be accompanied by a member at all times. No guest may visit more than two times in one month, or six times in a year</small></p>	<p>All Members are required to show & leave their GSC GYM membership to the front desk upon arrival each time they enter the facility along with photo ID as proof, and ensure that they pick up membership prior to leaving.</p> <p>Memberships are non refundable & non-transferable. Tours are given through a booked times at the front desk ONLY.</p> <hr/> <p style="text-align: center;">Member Signature</p> <hr/> <p style="text-align: center;">Date</p>
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CONSENT, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

IF YOU ARE UNDER THE CARE OF A PHYSICIAN, HAVE RECENTLY BEEN UNDER THE CARE OF A PHYSICIAN, OR HAVE EXPERIENCED ANY SIGNIFICANT MEDICAL PROBLEMS, THIS INFORMATION SHOULD BE DISCLOSED AND CLEARANCE FROM YOUR PHYSICIAN SHOULD BE OBTAINED. IF YOU HAVE NOT UNDERGONE A PHYSICAL EXAMINATION, IT IS RECOMMENDED THAT YOU DO SO BEFORE BEGINNING AN EXERCISE PROGRAM.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY GRACEWAY FITNESS. I UNDERSTAND THAT GRACEWAY FITNESS MANAGEMENT RESERVES THE RIGHT TO TERMINATE ANY MEMBERSHIP WITH OR WITHOUT CAUSE, AT ANY TIME. I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PROVIDED BY ME IS ACCURATE AND THAT I HAVE READ AND UNDERSTAND THE PRECEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED ABOVE.

THE EXERCISE AND ACTIVITY OPPORTUNITIES OFFERED THROUGH THE FACILITIES OF GRACEWAY FITNESS ALLOW A PERSON TO ENGAGE IN VARIOUS EXERCISE AND/OR PHYSICAL ACTIVITIES POTENTIALLY BENEFICIAL TO ONE'S HEALTH AND WELL-BEING. HOWEVER, I RECOGNIZE AND UNDERSTAND THAT THERE ARE INHERENT RISKS OF VARIOUS PHYSICAL AND MENTAL CONDITIONS, ILLNESSES, AND/OR INJURIES ASSOCIATED WITH (A) ENGAGING IN ANY EXERCISE OR PHYSICAL ACTIVITY, (B) THE USE OF EQUIPMENT AT GRACEWAY FITNESS, AND/OR (C) THE USE OF GRACEWAY FITNESS FACILITIES. SUCH RISKS INCLUDE ANY AND ALL TYPES OF PHYSICAL INJURIES, PHYSICAL AND MENTAL CONDITIONS AND/OR ILLNESSES INCLUDING, BUT NOT LIMITED TO, SPRAINS, STRAINS, BROKEN BONES, CONCUSSIONS, LACERATIONS, ABNORMAL BLOOD PRESSURE, HEARTBEAT DISORDERS, FAINTING, SHORTNESS OF BREATH, CHEST PAIN, STROKES, HEART ATTACK, OR EVEN DEATH.

I FURTHER RECOGNIZE AND UNDERSTAND THAT ANY AND ALL SUCH RISKS ARE COMPOUNDED IN THAT MANY OF THE EXERCISE AND/OR PHYSICAL ACTIVITY OPPORTUNITIES OF GRACEWAY FITNESS ARE UNSUPERVISED INCLUDING, BUT NOT LIMITED TO, USE OF ITS GYM, AND/OR ALL TYPES OF EXERCISE EQUIPMENT, AND/OR USE OF ITS LOCKER ROOMS, DRESSING ROOMS, AND/OR SHOWERS. I HEREBY AGREE AND CONSENT TO VOLUNTARILY ENGAGE IN ANY AND ALL EXERCISES AND PHYSICAL ACTIVITY OPPORTUNITIES, SUPERVISED OR UNSUPERVISED, AT GRACEWAY FITNESS, TO VOLUNTARILY USE GRACEWAY FITNESS EXERCISE EQUIPMENT, AND TO VOLUNTARILY USE GRACEWAY FITNESS FACILITIES AT MY OWN RISK AND WITH FULL KNOWLEDGE AND APPRECIATION OF ANY AND ALL DANGERS AND RISKS INHERENT THEREIN.

I ACKNOWLEDGE THAT I HAVE AND AM HEREBY ADVISED TO SEEK AND OBTAIN ANY NECESSARY MEDICAL CLEARANCES FROM MY PHYSICIAN AND TO UNDERTAKE A PHYSICAL EXAMINATION PRIOR TO BEGINNING ANY EXERCISE ACTIVITY. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF ANY BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE SUFFERED BY ME.

I HEREBY RELEASE, WAIVE, FOREVER DISCHARGE AND/OR COVENANT NOT TO SUE GRACEWAY FITNESS AND/OR THEIR AGENTS, AFFILIATED PARTNERS, SERVANTS, AND/OR THEIR EMPLOYEES FOR ANY AND ALL LOSS OR DAMAGE AND/OR ANY CLAIMS OF DEMANDS OR ANY TYPE, KNOWN OR UNKNOWN, ON ACCOUNT OF OR IN ANY WAY RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS GRACEWAY FITNESS AND THEIR AGENTS, SERVANTS, AFFILIATED PARTNERS, AND EMPLOYEES FROM ANY ILLNESS, CONDITION AND/OR INJURY TO MY PERSON OR PROPERTY OR AS A RESULT OF MY DEATH, AND/OR AS A RESULT OF ENGAGING IN ANY EXERCISE AND ACTIVITY OPPORTUNITIES AT GRACEWAY FITNESS, ANY USE OF GRACEWAY FITNESS EXERCISE EQUIPMENT AND/OR ANY USE OF GRACEWAY FITNESS FACILITIES.

SIGNATURE

DATE