Atrium Health
Wake Forest Baptist

High Point Medical Center
The Fitness Center

Date Received: _____
Staff Initial: _____

Membership Application

Primary Member Contact Information

First Name:		Middle:	Last:	
Street Address:				
City:	State:	Zip:	Gender:	D.O.B.:
Cell Phone:		Alternate Phone:		
Email address:				
Emergency Contact Name:		Emergency Contact Phone #:		

Additional Family member

Dependent Name:	
Dependent DOB:	Phone #:
Email address:	
Emergency Contact Name:	Emergency Contact Phone #:

Payment Options:

○ **Monthly Draft**: _____ Checking/Savings _____ Credit Card

I hereby authorize The Fitness Center to deduct $_____ from my checking/saving account or my credit card on the twentieth (20th) day of each month starting _____/_____/_____. I have read and understand the requirements of membership cancellation as stated in facilities terms of membership.

Signature: _____ ***Date:*** _____/_____/_____

○ **Contract agreement**: ___CASH ___CHECK ___ CREDIT CARD

Payment of $_____ covers membership dues for _____ months. Membership begins on _____/_____/_____ and contract expires on _____/_____.

*I understand **Contract memberships are non-refundable** except for the following reasons: relocation of more than 45-mile radius of Center or medical reasons verified with documentation from a physician.*

Signature: _____ ***Date:*** _____/_____/_____

○ **Supplement Membership Payment Source:**

I understand that my membership dues will be covered by _____. I will promptly notify The Fitness Center of any changes to this arrangement.

Signature: _____ ***Date:*** _____/_____/_____

Office Use: Membership Type: _____

___ Photo taken Member 1 # _____

___ Signatures Member 2 # _____

___ Payment Staff Initials: _____

Enrollment fee	**$_____**
Prorate fee	**$_____**
Contract payment	**$_____**
TOTAL	**$_____**

601 N. Elm St. P.O. Box HP-5 High Point, NC 27261 Phone# (336) 878-6221 Fax# (336) 878-6252

Terms and Conditions of Membership

1. **RELEASE OF LIABILITY** - I agree and represent that all exercises, treatment and all use of all The Fitness Center ("TFC") facilities shall be undertaken at my own risk, that I am in good physical condition and physically able to undertake any and all physical exercises and treatments provided by TFC. It is my sole responsibility, regardless of my health status, to determine from my physician whether I have any medical conditions that prohibit or limit my ability to exercise or increase my risk for injury or death from exercising, using fitness equipment, or participating in programs and services offered by TFC. I also agree that the corporation which owns TFC and/or affiliated companies and/or their respective agents and employees, shall not be liable and forever release and discharge for any claims, demands, injuries, damages, actions or causes of actions.
2. **PERSONAL PROPERTY** - TFC does not assume any responsibility for securing or safekeeping of personal property while I am at TFC. I agree to accept all responsibility for any loss, damage, or theft of my personal property while I am participating at TFC.
3. **LEGALLY BINDING AGREEMENT** - I understand that this is a legally binding agreement, and my membership is not determined by my use of the facility and its services. My failure to utilize TFC's facility does not constitute grounds for a refund or cancellation.
4. **MEMBERSHIP CHANGES** - TFC does not honor any verbal agreements made at the facility. Primary member must make all changes to an account INCLUDING CANCELLATION. Request for cancellation of membership must be made by submitting a signed Membership Status Change Form by the 15th of the requested month of cancellation. Membership changes consist of the following: EFT Draft Account Changes, Rate change, Freezes, Add-ons/ Deletion. If notice is received by the 15th of the month, this change will be effective on next draft. If notice is received after the 15th, then changes will not be reflected on next draft, but for the draft following it.
5. **FREEZE** - A membership may be put on frozen for medical purposes only with documentation from healthcare provider in advance and a signed Membership Status Change Form. A medical freeze may be for 3 months minimum and 6 months maximum per calendar year. The member will be required to submit a return to exercise notice from the healthcare provider before returning.
6. **DECLINES** - Declined draft or returned checks because of insufficient funds, account closed, or similar circumstances will be assessed a fee. Rejected electronic transactions may be periodically resubmitted for payment. After 90 days of a decline the membership will be terminated/access denied until full payment is made including fees.
7. **MEMBERSHIP REINSTATEMENT** - Former members who terminated their membership in good standing will be allowed to rejoin under current price structure and discounted enrollment fee within six months. Payment of full enrollment fee will be required if out longer than six months.
8. **MEMBERSHIP ENTRY** – Members must check in upon entry. A replacement fee will be charged for lost key fobs.
9. **HOURS OF OPERATION** - Operation schedules may vary and are subject to change from time to time. The facility may be closed on holidays.
10. **PERSONAL TRAINING** – Personal training is conducted by TFC staff only.
11. **PHOTOGRAPHS** - Photographs for any use may not be taken of the facility, the staff or members/guests without written consent from management and anyone involved.
12. **DAMAGE TO FACILITIES** - I agree to pay for any damage I may cause TFC's facilities through my careless or negligent use thereof.
13. **DISCLAIMER OF IMPLIED WARRANTIES** - I understand that TFC makes no guarantees, warranties, or representations, written or implied, regarding merchantability, fitness for a particular purpose or otherwise, except those written herein or in writing signed by an officer of the corporation owning TFC.
14. **VIOLATION OF TERMS** - TFC reserves the right to add, delete, or change any or all of the above terms and conditions or fee schedules. The membership of any member may be cancelled or suspended by TFC for any period of time due to a violation of any term or condition, or any conduct which in the discretion of TFC is prejudicial to the welfare, good order and character of the center. Any member or guest(s) of the member conducting any inappropriate behavior will not be tolerated and result in immediate termination of membership. Infractions include but are not exclusive to the following: No fighting, horseplay, verbal or physical abuse to other members, participants or staff or any behavior that is deemed by management as offensive to other members that creates a situation considered to be unsafe.
15. **UNAVAILABILITY OF FACILITY OR SERVICES** - I agree to accept the fact that a particular facility or service on the premises may be unavailable at any time due to mechanical breakdown, fire, act of God, condemnation, loss of lease, catastrophe, or any other reason. Further, I agree not to hold TFC responsible or liable for such occurrences.
16. **AMENDING OF RULES** - I understand that TFC reserves the right to amend or add to these conditions and to adopt new conditions as it may deem necessary for the proper management of the facility and the business.

***I have read and agree to all terms and conditions of membership.**

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