

# Timber Town Fitness

## Membership Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth (MM/DD/YR): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact PH#: \_\_\_\_\_

Do you have any preexisting medical conditions or reoccurring injuries that may prevent you from exercising? \_\_\_\_\_

Please select the answer that best describes your reason for seeking membership

Weight Loss  Strength  Improved Health  Increased Muscle/Toning

Are you interested in personal training? \_\_\_\_\_

Membership Type/Rate:  Registration (\$50)

Month to Month:	12 Month Contract:	12 Month Prepaid:	Member Name & Date of Birth:
<input type="checkbox"/> Single (\$44.99)	<input type="checkbox"/> Single (\$39.99)	<input type="checkbox"/> Single (\$450)	_____
<input type="checkbox"/> Couple (\$69.99)	<input type="checkbox"/> Couple (\$64.99)	<input type="checkbox"/> Couple (\$750)	_____
<input type="checkbox"/> Family of 3 (\$84.99)	<input type="checkbox"/> Family of 3 (\$79.99)	<input type="checkbox"/> Family of 3 (\$900)	_____
<input type="checkbox"/> Family of 4+ (\$94.99)	<input type="checkbox"/> Family of 4+ (\$89.99)	<input type="checkbox"/> Family of 4+ (\$1000)	_____

Other: \_\_\_\_\_

12 month contract may be canceled for a buy-out of 50 percent of the remaining contract.

Initial: \_\_\_\_\_

### Payment

Memberships are billed on the 5th of every month unless notified of cancelation. Cancelations must be made by the 25th of the month in order to opt out of the following month.

Payment Method:  Credit  Debit

Name on Card: \_\_\_\_\_

Billing Address (If different from above): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

All declined transactions will result in a \$35 fee and a freeze of the membership.

I agree to all terms and conditions regarding payment and membership terms. I understand that exercising can be inherently dangerous and could result in personal injury and/or death. I understand that Timber Town Fitness is a 24 hour facility and at certain times of the day the facility will not be attended by staff. If during unstaffed hours I allow non-members to enter the facility using my membership, my account will be frozen until a fee of \$10 per person, per occurrence is paid to Timber Town Fitness. I also understand that I may face legal penalties for such action. All non-members who attempt to use the facility with-out payment will be considered as trespassers.

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Official Use Only

Monthly Payment Amount: _____	Registration & Prorate Amount: _____
Subscriber ID: _____	Key Card ID's: _____
Membership Date: _____	TTF Employee: _____

# Timber Town Fitness

Add /  Change /  Delete Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Reason for Change in Account:**

Contact Info       Membership Type       Payment       Cancellation/Suspension

**Contact Info:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact PH#: \_\_\_\_\_

**New Membership Type/Rate:**

Month to Month:	12 Month Contract:	12 Month Prepaid:	Name of Members:
<input type="checkbox"/> Single (\$44.99)	<input type="checkbox"/> Single (\$39.99)	<input type="checkbox"/> Single (\$450)	_____
<input type="checkbox"/> Couple (\$69.99)	<input type="checkbox"/> Couple (\$64.99)	<input type="checkbox"/> Couple (\$750)	_____
<input type="checkbox"/> Family of 3 (\$84.99)	<input type="checkbox"/> Family of 3 (\$79.99)	<input type="checkbox"/> Family of 3 (\$900)	_____
<input type="checkbox"/> Family of 4+ (\$94.99)	<input type="checkbox"/> Family of 4+ (\$89.99)	<input type="checkbox"/> Family of 4+ (\$1000)	_____

Other: \_\_\_\_\_

12 month contract may be canceled for a buy-out of 50 percent of the remaining contract.

Initial: \_\_\_\_\_

**Payment**

Memberships are billed on the 5th of every month unless notified of cancellation. Cancellations must be made by the 25th of the month in order to opt out of the following month.

Payment Method:       Credit       Debit

Name on Card: \_\_\_\_\_

Billing Address (If different from above): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

All declined transactions will result in a \$35 fee and a freeze of the membership.

**Cancellation/Suspension of Membership:**

Cancellation       Suspension

Name of Members: \_\_\_\_\_ Effective Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Cancellation/Suspension: \_\_\_\_\_

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Timber Town Employee: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Timber Town Fitness Health History Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Does your physician know you are participating in this program?  Yes  No

Describe your current exercise and diet program. \_\_\_\_\_

\_\_\_\_\_

What medications are you on? \_\_\_\_\_

\_\_\_\_\_

**Check the boxes below that pertain to you either now or in the past:**

- |  |  |
|--|--|
| <input type="checkbox"/> Advice from physician not to exercise                 | <input type="checkbox"/> History of smoking            |
| <input type="checkbox"/> Angina (chest pain treated with nitroglycerin)        | <input type="checkbox"/> Intestinal polyps             |
| <input type="checkbox"/> Angioplasty   | <input type="checkbox"/> Joint pain                    |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Joint replacement             |
| <input type="checkbox"/> Asthma/Breathing Issues                               | <input type="checkbox"/> Menopausal (pre, post)        |
| <input type="checkbox"/> Back Pain   | <input type="checkbox"/> Osteoporosis                  |
| <input type="checkbox"/> Blood in your stool                                   | <input type="checkbox"/> Overuse injury                |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Overweight                    |
| <input type="checkbox"/> Cardiovascular Disease                                | <input type="checkbox"/> Other digestive problems      |
| <input type="checkbox"/> Cerebral Palsy  | <input type="checkbox"/> Pregnancy (now/last 3 months) |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease                 | <input type="checkbox"/> Prescription medications      |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Stress                        |
| <input type="checkbox"/> Difficulty with physical exercise                     | <input type="checkbox"/> Stroke                        |
| <input type="checkbox"/> Dizziness   | <input type="checkbox"/> Thyroid condition             |
| <input type="checkbox"/> Fibromyalgia  | <input type="checkbox"/> Tuberculosis                  |
| <input type="checkbox"/> Hepatitis B (serum) or C (from transfusion, not food) | <input type="checkbox"/> Ulcer                         |
| <input type="checkbox"/> High blood pressure                                   | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> High cholesterol                                      |  |

# Timber Town Fitness

## Release of Liability and Waiver Form

Physical exercise can be strenuous and subject to risk of serious injury, Timber Town Fitness, LLC DBA Timber Town Fitness, urges you to obtain a physical examination before starting any exercise program. You agree that if you engage in any physical exercise or activity including any sponsored event, **you do so entirely at your own risk.** You agree that you are voluntarily participation in the use of services and **assume all risk** of injury, illness, and or death as a direct or indirect result of your exercise routine.

**Initial:** \_\_\_\_\_

This waiver and release of liability includes, without limitations, all injuries which may occur, regardless of negligence, as a result of; (a) your use of equipment and your participation in any activity, class, program, personal training, or instruction, (b) the sudden and unforeseen malfunction of any equipment and (c) your slipping and/or falling while in the facility, premises, including adjacent sidewalks and parking areas.

**Initial:** \_\_\_\_\_

You acknowledge that you have carefully read this "Release of liability and Waiver Form" and fully understand that it is a **release of liability.** You expressly agree to release and discharge Timber Town Fitness, LLC DBA Timber Town Fitness and all employees from any and all claims or cause of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Timber Town Fitness, LLC DBA Timber Town Fitness for negligence, personal injury, or property damage.

**Initial:** \_\_\_\_\_

Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then only that wording is removed and the remainder of this waiver and release agreement will remain in full force.

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Parent/Guardian Signature (if minor):** \_\_\_\_\_

**Date:** \_\_\_\_\_