



Monthly Membership Agreement

1. MEMBERSHIP DUES are a total of _____ for the agreement.
2. MEMBERSHIP TERMS. This membership is for a term of _____ months beginning _____ and ending _____.
3. MEMBERSHIP HEALTH WARRANTY. Member warrants and represents that he/she has no physical or mental disability, impairment or ailment preventing him/her from engaging in active or passive exercises or that will be detrimental to his/her health, safety or physical condition of he/she does so engage or participate. This representation is made by the member knowing that management will rely upon the same in respect to the issuance of this membership. Member acknowledges and agrees that it is his/her responsibility to consult with his/her personal physician prior to and during the course of this membership.
4. WAIVER OF LIABILITY. Member using the facility and equipment does this so at his/her own risk. Management shall not be liable for any damages arising from personal injuries or damages sustained by member in, on or about premises of the *Centre*. Member assumes full responsibility for injuries or damages and does hereby and forever release and discharge for *Centre*, owners, employees, and agents from any and all claims, demands, damages, right of causes of actions present or future. Whether the same be known or unknown, anticipated or unanticipated, resulting from the arising out of the member's use of intended use of the facilities and equipment thereof.
5. MEMBER OBLIGATION. Failure to use will not result on a refund of any monthly dues paid.
6. PERSONAL AND CENTRE PROPERTY. Members are urged to avoid bringing valuables onto *Centre* premises. Management, its affiliates, agents or employees, shall not be liable for loss, theft or damage to the personal property of members or guests.
By members signature below, member hereby (1) agrees to the membership agreements and terms, which are incorporated by reference as part of this contract; (2) acknowledges receipt of a full-completed copy of the contract.

Centre Representative

Member

Spouse

Signature of Parent (if under 18)