

**ADVANCED THERAPY SOLUTIONS
MEMBERSHIP AGREEMENT**

1. Member's Name: _____

2. Address: _____ City _____ Zip _____

3. Phone Number: _____

4. Driver's License No. and State Issuing: _____

5. Age: _____ (If under 18 years of age, parent/guardian should complete consent, below.)

6. Date of Birth: _____

7. This Membership Agreement between Member, listed in section 1, above, and Advanced Therapy Solutions (the "Facility") is on a month-to-month basis at the initial dues rate of \$30.00 per month or \$40.00 per month with Water Aerobics payable in advance of the initial class/session. A late fee of \$5.00 will be applied for any payments after the 25th of the month. A charge of \$25 will be made for any checks returned due to insufficient funds. Late payment and payment with an insufficient funds check violate the Facility's rules. The Facility may change membership dues under this Agreement by posting notice of such change in the Facility at least 30 days in advance of such change.

8. Member agrees to keep and obey all rules and regulations now in force or in the future prescribed by the Facility, for the use of the Facility pool, premises, and equipment therein, and the Facility reserves the right to revoke this membership for cause if Member fails to keep and obey any of such rules and regulations, or for reasons of nuisance, disturbance or other members or staff, moral turpitude or fraud. Without limiting Member's obligation to obey the rules and regulations of the Facility presently in force or in the future prescribed, Member agrees that he will obey the following rules by:

- a. Always considering other members' rights and privileges while they are training;
- b. Always paying their membership dues on or before the 25th of each month - or pay a late fee;
- c. Always printing their first and last names legibly on the sign-in sheet when they use the facility;
- d. Always unloading all bars and machines when they are through using them and replacing all weight plates on their proper racks;
- e. Always replacing barbells and dumbbells on their proper racks at the end of each set;
- f. Always following directions on the proper use of the training equipment and asking for directions when necessary;
- g. Never spitting into the trash cans;
- h. Never putting their feet on the wall;
- i. Never placing weights on the floor;
- j. Never banging dumbbells together when doing flies or other exercises;
- k. Never dropping dumbbells or barbells on the floor;
- l. Always disposing of trash in the proper places;
- m. Always treating members and staff with fullest respect and courtesy at all times;

_____ **Members Initials**

- n. Always accepting fullest responsibility for any damage done to equipment due to their misuse of the equipment.
- o. Never diving or jumping into pool.
- p. Never running or horse playing in the facility
- q. Always placing towels in the proper bins
- r. Never adjusting thermostats in the facility

9. Without limiting the Facility's ability to terminate this membership for cause, the Facility may terminate this membership for any reason at the end of any given month. If the Facility elects to so terminate, the Facility will refund a pro rata portion of any dues applicable to future month(s).

10. It is expressly understood and agreed that this contract is not assignable or transferrable by Member and no rights or privileges granted by this membership can be transferred or assigned by Member.

11. It is further agreed that all exercises including the use of the pool, weights, number of repetitions, and use of any and all machinery, equipment, and apparatus designed for exercising and the use of the Facility's premises and facilities shall be at the Member's sole risk. Notwithstanding any consultation on exercise programs which may be provided by Facility employees or agents, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be Member's entire responsibility and the Facility shall not be liable to Member or Member's family for any claims, demands, injuries, damages, or actions arising due to injury to Member's person or property arising out of or in connection with the use by Member of the services and facilities of the Facility or the premises where the same is located. If Member brings any personal property onto the premises of the Facility or onto the Facility's parking area, Member takes such action at Member's sole risk. It is hereby understood that the Facility is not responsible in any way for damage to or loss of any personal property which Member brings onto the premises of the Facility or onto the Facility's parking area, including but not limited to, losses due to theft, damage, or car accident. Member hereby holds the Facility, its successors, assigns, owners, officers, directors, employees, and agents harmless from all claims which may be brought against them by Member, on Member's behalf, by Member's family, and Member's executors, administrators, and personal representatives for any such injuries or claims aforesaid and Member for himself and on behalf of their family, executors, administrators, and personal representatives does hereby forever release and discharge the Facility, its successors, assigns, owners, officers, directors, employees, and agents from all claims, demands, injuries, damages, actions, losses and expenses. This section will survive any cancellation of this Agreement.

(1) NOTICE TO PURCHASER: DO NOT SIGN THIS CONTRACT UNTIL YOU READ IT OR IF IT CONTAINS BLANK SPACES.

(2) IF YOU DECIDE YOU DO NOT WISH TO REMAIN A MEMBER OF THIS FACILITY, YOU MAY CANCEL THIS CONTRACT BY MAILING TO THE FACILITY BY MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DAY YOU SIGN THIS CONTRACT A NOTICE STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:

P.O. Box 820 Jasper, Texas 75951

_____ **Members Initials**

(3)IF THE FACILITY GOES OUT OF BUSINESS AND DOES NOT PROVIDE FACILITIES WITHIN 10 MILES OF THE FACILITY IN WHICH YOU ARE ENROLLED OR IF THE FACILITY MOVES MORE THAN 10 MILES FROM THE FACILITY IN WHICH YOU ARE ENROLLED, YOU MAY CANCEL THIS CONTRACT BY MAILING A NOTICE TO THE FACILITY STATING YOUR DESIRE TO CANCEL THIS CONTRACT, ACCOMPANIED BY PROOF OF PAYMENT ON THE CONTRACT. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:

P.O. Box 820 Jasper, Texas 75951

(4)IF YOU DIE OR BECOME TOTALLY AND PERMANENTLY DISABLED AFTER THE DATE THIS CONTRACT TAKES EFFECT, YOU OR YOUR ESTATE MAY CANCEL THIS CONTRACT AND RECEIVE A PARTIAL REFUND OF YOUR UNUSED MEMBERSHIP FEE BY MAILING A NOTICE TO THE FACILITY STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE FACILITY MAY REQUIRE PROOF OF DISABILITY OR DEATH. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:

P.O. Box 820 Jasper, Texas 75951

MEMBER ACKNOWLEDGES RECEIPT OF A FULLY COMPLETED COPY OF THIS AGREEMENT EXECUTED BY BOTH FACILITY AND MEMBER AND ACKNOWLEDGES THE AGREEMENT TERMS.

Signed by Member: _____

Date: _____

Advanced Therapy Solutions Representative:

Date: _____

PARENTAL/GUARDIAN CONSENT

The undersigned persons are the parents or guardians of the Member in this membership agreement and make this agreement for the purpose of enabling the Member to use the Advanced Therapy Solutions (the "Facility") training facilities. The undersigned persons consent to the Member using the Facility training facilities and are aware of the risks involved in such use. The undersigned persons further agree that this consent shall constitute a bar to any recovery by them for any loss to them due to such use, including but not limited to loss of the Member's services or companionship or loss of or damage to any personal property. The undersigned persons hereby hold the Facility, its successors, assigns, owners, officers, directors, employees, and agents harmless from all claims which may be brought against them by the undersigned persons, Member or on Member's behalf or by Member's family for any such injuries or claims aforesaid and the undersigned persons for themselves and on behalf of Member and their family, executors, administrators, and personal representatives do hereby forever release and discharge the Facility, its successors, assigns, owners, officers, directors, employees, and agents from all claims, demands, injuries, damages, actions, losses and expenses.

Signed by Parent/Guardian

Relationship to Member: Father; Mother; Guardian; Other (state relationship)

Print Name:

Date:

Signed by Parent/Guardian

Relationship to Member: Father; Mother; Guardian; Other (state relationship)

Print Name:

Date:

FACILITY USE

Verified Driver's License Information: _____ Member _____ Parent/Guardian
_____ Parent/Guardian