

LEGACY FIGHT CLUB MEMBERSHIP FORM

18 Cundles Rd E, Barrie



1. MEMBERSHIP DETAILS

First Name: _____ Last Name: _____

Today's Date: _____

Membership Type

*13% HST not included

Upfront Payment Plans

- ☐ \$70 / 1 month
☐ \$195 / 3 months (\$65 /month)
☐ Other - _____

Pre Authorized Payment Plan (no contract)

- ☐ \$60 / adult membership
☐ Other - _____

Payment Type:

- ☐ Pre-Authorized Credit Card
☐ Visa ☐ MasterCard ☐ American Express ☐ Other: _____
Credit Card Number: _____
Expiry Date: ____/____ CVV #: _____

- ☐ Pre-Authorized Debit

****Attach void cheque or bank account info for pre-authorized bank debit****

YES/NO- Is membership payment by person other than primary member? If yes:

Full name: _____ Relation to member: _____

SIGNATURE OF ACCOUNT HOLDER: _____ DATE: _____

NOTE: Memberships will be automatically withdrawn from member's specified account on the 1st of each month. Memberships will be renewed monthly. For cancellations, please call 647-567-1314 or come in and give a 30 day cancellation notice. Membership will be cancelled exactly 30 days after notice. All personal banking and account information is strictly confidential and will not be shared with a third party.

Other (paid in full)

- ☐ \$15 – Drop in
☐ \$100 - 10 Classes
☐ Other - _____

Membership Activation Date ____/____/____

"Beyond the sky, there is more sky."

www.legacyfightclub.ca - info@legacyfightclub.ca – 647.567.1314

2. MEMBER DETAILS (Renewing members complete if details have changed)

Sex: ☐ Male ☐ Female Birth Date: ____/____/____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email: _____

Do you consent to receive information from Legacy Fight Club email? Yes / No

How did you hear about us?

Emergency Contact Name: _____

Emergency Contact Phone: _____

3. MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE

Acknowledgment of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks. I acknowledge and understand that whilst participating in such activity:

- I may be injured, physically or mentally, or may die;
- My personal property may be lost or damaged;
- Other persons participating in such activity may cause me injury or may damage my property
- I may cause injury to other persons or damage their property
- The conditions in which the activity is conducted may vary without warning
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of Legacy Fight Club.
- There may be no or inadequate facilities for treatment or transport of me if I am injured
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

Release and Indemnity

I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless Legacy Fight Club, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

Administration

- Appropriate covered footwear & a shirt must be worn at all times while in the gym facility.
- Memberships are not refundable or transferable.
- All weights and equipment must be put back after use.
- Photo ID cards (ie student card or drivers license) must be carried and shown upon request.
- Shared gym access with a non-member will result in forfeiture of membership effective immediately.
- Each member must respect other gym users and behave in an appropriate manner at all times.
- Legacy Fight Club Staff reserves the right to rescind the rights of members not complying with the terms and conditions of the membership.
- Anyone under the age of 16 must be accompanied by an adult at all times within the gym.

If purchasing personal training sessions or a group class pass, I understand that the sessions and/classes are non-refundable and nontransferable.

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4. ADDITIONAL MEDICAL BACKGROUND

Circle the appropriate response for each of the following questions:

Yes No - Has your doctor said that you have a heart condition and recommended only medically approved physical activity?

If yes, explain _____

Yes No - Do you have chest pain brought on by physical activity?

If yes, explain _____

Yes No - Have you developed chest pain, at rest, in the past month?

If yes, explain _____

Yes No - During physical exertion do you lose consciousness, become light-headed or lose your balance?

If yes, explain _____

Yes No - Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

If yes, explain _____

Yes No - Is your doctor currently prescribing medication for your blood pressure or heart condition, or any other type of medication? (e.g. diuretics or water pills)

If yes, explain _____

Yes No - Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?

If yes, explain _____

Yes No - Have you abstained from exercise for the last 6 months due to illness, trauma or surgery?

If yes, explain _____

Yes No - Have you recently experienced any shortness of breath or chest pain with exertion?

If yes, explain _____

Yes No - Do you currently have any medically related exercise restrictions?

If yes, explain _____

Yes No - Are you pregnant? What month are you in? _____

Yes No - Have you been newly diagnosed with any medical conditions ie. high blood pressure or diabetes?

If yes, explain _____

If you answered "Yes" to any of the above questions, consult with your physician/doctor before increasing your physical activity. Tell him/her which questions you answered "Yes" to.

I have read, agreed, and understand all the above by signing below.

Member Signature _____

Date Signed: ____/____/____

Guardian Signature (under 18): _____

Guardian Full Name: _____

Date Signed: ____/____/____

WELCOME TO TEAM LEGACY

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