**Inspire S-VE Community & Fitness Center**

**GYM MEMBERSHIP AGREEMENT FORM**

**MEMBER DETAILS**

(a membership package must be completed for every member in a family membership)

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

Sex: Male Female Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*this is the primary way to receive information about your payments

Do you consent to receive information from Inspire S-VE via email? Yes / No

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MEMBERSHIP DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select One/Circle Package** | **Membership**  **Type** | **Monthly**  **Package** | **3 Month**  **Package** | **6 Month**  **Package** | **Yearly**  **Package** |
|  | Adult | $25 | $70 | $130 | $240 |
|  | 2 Adult | $45 | $130 | $240 | $450 |
|  | Family\* | $60 | $160 | $260 | $480 |
|  | Senior | $20 | $55 | $95 | $190 |
|  | Student/College | $20 | $55 | $95 | $190 |
|  | Guest Pass/One-time $5 | | | | |

\*All members must reside in the same household.

A 10% group rate is available upon request. A group is defined as a local organization or entity with more than 10 gym members.

**PAYMENT DETAILS**

New members are responsible for a refundable deposit of $6 (for each person on your membership) to cover the price of your key fob. This can be refunded if you cancel your membership and return your fob to the CFC Managing Director.

Membership payments are due on the 1st or 15th of each month, regardless of payment method. Reference the chart below and select your payment option.

|  |  |  |
| --- | --- | --- |
| **Select One/Circle Payment Option** | Membership Package | Payment Option |
|  | Monthly | Automated debit ONLY |
|  | 3 months | Automated debit, Paypal, cash, or check |
|  | 6 months | Automated debit, Paypal, cash, or check |
|  | Yearly | Automated debit, Paypal, cash, or check |

**I agree to pay the following each month until I cancel my membership. I can cancel my membership anytime at no cost, and stop automated payments by informing the Managing Director. I agree to inform the managing director of my wishes to cancel my membership at 607-589-7688 or** [info@inspiresve.org](mailto:info@inspiresve.org)

**Agreement for Direct Account Debit\***

A Gym Membership Fee of $\_\_\_\_\_\_\_\_\_\_\_will be withdrawn on the (1st or 15th) \_\_\_\_\_\_\_\_\_ of each: month/quarter/6 month/ year (circle one.)

**\*Please see last page of packet for the official Debit Authorization.**

***Note: If payment is declined, there will be a $20 fee applied to your account.***

**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 while 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 SVE CFC.
* 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 Inspire S-VE Inc., 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.

**CFC Rules and Regulations**

* Carry in your gym shoes! Dirt from street shoes ruins our equipment so **No street shoes are allowed in the gym.**
* All members and guests must sign in on the sign-in sheet.
* Memberships are NOT refundable or transferable.
* The fee to replace a lost or broken key fob is $10.
* Re-rack and clean all equipment you use.
* Members must ensure that all windows and doors are closed and the lights and fans are turned off when leaving.
* Shared gym access with a non-member (including physically letting a non-member in the gym or sharing your fob with a non-member) may result in forfeiture of membership effective immediately.
* Each member must respect other gym users and behave in an appropriate manner at all times.
* Anyone under the age of 16 must be accompanied by an adult at all times within the gym.
* Inspire S-VE Staff reserves the right to rescind the rights of members not complying with the terms and conditions of the membership.

I have read and agree with all of the above and understand the terms & conditions of the above.

Before signing this document, I have read, understand and hereby agree to the terms and conditions of membership as defined in the Membership Terms & Conditions of this membership form and know that it affects my legal rights.

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(if member is under 18)

**Debit Authorization**

I (we) hereby authorize (Company), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Applicant). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

|  |  |
| --- | --- |
| Financial Institution Name: |  |
| Office: |  |
| Address: |  |
| City/State/Zip: |  |
| Routing Number (ABA): |  |
| Account Type (Checking or Savings): |  |
| Account Number: |  |

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUITON a reasonable opportunity to act on it.

|  |  |
| --- | --- |
| Print Applicant/Individual Name: |  |
| Signature: |  |
| Date: |  |

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.**

**Notes:**

**All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.**

**Single-entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.**

**The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.**