

Power-Up Membership Agreement

Name: _____ Date: _____

Home Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Monthly Membership Plan:

FEE = \$35 Per Month

Start Date: _____ Cash/Check/Credit Card Total Payment: \$ _____

Health Declaration

The member acknowledges that he/she is in good general health and there is nothing preventing them from engaging in an exercise program. The member agrees to inform Power-Up of any changes in their physical condition. The member acknowledges he/she should consult a physician before engaging in any exercise at Power-Up.

A. Physical Activity Readiness Questionnaire (PAR-Q)	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activities recommended by a doctor?		
Do you feel pain in your chest when you perform physical activities ?		
In the past month, have you had chest pain when you were not performing any physical activities?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activities?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of <u>any</u> other reason why you should not engage in physical activities?		

If you have answered "Yes" to one or more of the above questions, consult your medical fitness professional.

The Power-Up Satisfaction Guarantee or 100% Money Back

We are so confident that you will be completely satisfied with your membership and our customer service that if at any time you become unhappy with any aspect of your membership you may cancel and receive a full refund for your current month's membership upon request.

Representation and Full Release

Power-Up reserves the right to terminate any membership at any time due to any violation of the rules or any conduct which in the opinion of the management is prejudicial to the welfare, good order, and the character of the club. If I become a member of Power-Up according to the foregoing agreement, I intend to engage in athletic and physical fitness activities on the premises of Power-Up. I understand that these athletic and physical fitness activities involve certain risks and exposure to personal injury, which risks and exposure I voluntarily assume by becoming a member of Power-Up and using its facilities. In partial consideration of the use of Power-Up facilities, I hereby release in full and forever discharge Power-Up, its directors, officers, agents, vendors, and employees whether acting officially or otherwise on behalf of myself, my heirs, executors, administrators and personal representatives from any and all claims, demands or causes of action relating to or deriving from my presence or activities on Power-Up premises which may result in my death or in any injury to of any claims, demands, injuries, damages, actions or causes of action whatsoever.

1. I understand and agree that Power-Up does provide 24 hour access and at times will not have a staff member on-site. Use of Power-Up equipment and their facilities is at my own discretion and risk.
2. Membership is neither assignable nor transferable to or by any member.
3. I understand that by allowing non-members into Power-Up to use Power-Up equipment and their facilities is prohibited. Illegal trespass will not be tolerated and charges may be brought.

****Referral Program** For every person you refer to Power-Up that BECOMES A MEMBER we will add 2 weeks to your membership!!! Must be someone who has NEVER BEEN A MEMBER before.**

Member signature _____ Date _____
Parent/Guardian signature _____ Date _____
Approved/Accepted by _____ Date _____