

Membership Application
 141 Pan American Drive Livingston, TX 77351
 (936) 328-4643 Office (936) 328-8938 Fax



Last Name,		First Name,		Middle Name
Date of Birth	Gender		Employer	
Address				
City		State		Zip Code
Home Phone		Cell Phone		
Emergency Contact Name		Emergency Contact Number		Relationship
Email				

Gym Rules

1. Check in with Staff member before workout.
2. Members are not allowed behind Staff desk or in the utility closet.
3. There is a 20 minute Cardio machine limit, when other members are waiting.
4. All equipment must be used properly.
5. Proper attire and shoes must be worn in all exercise areas.
6. Absolutely no smoking or alcohol consumption on premises.
7. Courtesy and respect must be shown for other members.
8. Appropriate actions and clean language are expected on premises.
9. Your account must be kept current.
10. No one under the age of 11 allowed in the exercise area unless accompanied by a parent or guardian.
11. Do not drop weights on the floor or make excessive noise.
12. Wipe off machine and equipment after use.

 (Releaser's Signature)

 (Parent's Signature, if Signature in minor)

 (Print Name)

 (Print Name)

 (Date)

 (Date)

Date:	ID#	Entered By:
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1. In consideration of gaining membership or being allowed to participate in the activates and programs of Vickery Gyms DBA Sweat Shop LLC (“Sweat Shop”) and to use the facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Sweat Shop and its officers, agents, employees, representatives, executors, and all other from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or admission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Sweat shop or the use of any equipment at 141 Pan American Drive Livingston, TX 77351. **(Please Initial _____)**
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Please Initial _____)**
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Sweat Shop or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment or machinery. I also acknowledge that it ahs been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my anticipation and activities, and utilization of equipment and machinery in my activities. **(Please Initial _____)**

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

(Releaser’s Signature)

(Parent’s Signature, if Signature in minor)

(Print Name)

(Print Name)

(Date)

(Date)

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CANCELLATION AND REFUND NOTICE:

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

This is a one year membership contract. If you wish to withdraw from the contract, there are NO REFUNDS, and a SEVENTY FIVE DOLLAR cancellation fee. If after a year you wish to cancel your membership you must give two weeks written notice before the contract ends. If the contract has two or more members and one wants to cancel we will waive the seventy five dollar fee for the person wishing to cancel, but if all members on the contract wish to cancel then there will be a one time fee of seventy five dollars. THERE WILL BE A \$35.00 FEE ON ALL RETURN BANK DRAFT AND CHECKS!!!!

1. If you decide you do not wish to remain a member of this health spa, you may cancel this contract by mailing to the Health Spa by midnight on the third business day after the day you sign this contract a notice stating your desire to cancel the contract. The written notice must be mailed by certified mail to the following address:

SWEAT SHOP
141 PAN AMERICAN DRIVE
LIVINGSTON, TEXAS 77351

2. If the Health Spa goes out of business and does not provide facilities within 10 miles in which you are enrolled or if the Health Spa moves more than 10 miles from the Facility in which you enrolled, you may:

- A. Cancel this contract by mailing by certified mail a written notice stating your desire to cancel this contract, accompanied by proof of payment of the contract to the Health Spa at the following address:

SWEAT SHOP
141 PAN AMERICAN DRIVE
LIVINGSTON, TEXAS 77351

- B. File a claim for a refund of your unused membership fees against the bond or other security posted by the security; send a copy of your contract together with a proof of payments made on the contract to the Texas secretary of state. The written notice must be mailed by certified mail to the following address:

OFFICE OF THE SECRETARY OF STATE
STATUTORY DOCUMENTS SECTION
P.O. BOX 12887
AUSTIN, TEXAS 78711-2887

3. 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 health spa stating your desire to cancel this contract. The health spa may require proof of disability or death. The written notice must be mailed by certified mail to the following address:

SWEAT SHOP
141 PAN AMERICAN DRIVE
LIVINGSTON, TEXAS 77351

(Releaser's Signature)

(Date)

FIRST NATIONAL BANK OF LIVINGSTON

AUTOMATIC ACH TRANSFER AUTHORIZATION

_ Set Up New Transfer	_ Change Existing Transfer	__ Delete Existing Transfer
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Note: If the option falls on a non-business day, the transfer will be made in the next business day.

Transfer Options:

Once a Month: on the ___ 5th day or ___ 20th day.
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FROM ACCOUNT:	Account Title:
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FROM ACCOUNT:	Checking <input type="radio"/>	Bank Routing # (9 Digits)	Account #
	Savings <input type="radio"/>	Bank Name/ City	Tax ID #

TO ACCOUNT:	ACCOUNT TITLE: Vickery Gym, LLC DBA Sweat Shop
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IN THE AMOUNT OF	Start Date:	End Date:
	Month Day Year	Month Day Year

It is understood that anytime the transfer is to be made and there are insufficient funds to process the transaction, First National Bank has the right to cancel this membership.

It is understood that after your year end date we will continue to draft monthly until you give us 10 days notice to cancel your membership.

AUTHORIZED SIGNATURE DATE:	AUTHORIZED SIGNATURE DATE:
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FOR BANK USE ONLY:		
ACCEPTED BY:	BRANCH:	DATE:
FORWARD TO : OPERATION CENTER/SALLY	PHONE:	
RECEIVED DATE:	PROCESSED DATE:	INPUT BY: