



ARROWHEAD FITNESS, LLC NEW MEMBER SIGN UP

For Office Use Only

Processed: _____
Start Date: _____
Amount: _____
Initials : _____

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer Name: _____ Phone: (_____) _____ - _____

Emergency Contact: _____ Phone: (_____) _____ - _____

Buyer, hereinafter referred to as "Member", agrees to purchase the use of Seller's facility for a minimum of twelve (12) consecutive months (unless otherwise specified in this contract). If this facility is open at the time of this agreement, then performance of the agreed upon services begins as of the date of this agreement. Member, or Member's estate may cancel this agreement in the event of Member's death or disability resulting in Members inability to receive all services for which they have contracted and in the event of cancellation, Member is entitled to receive a refund on any unused payments. Members shall be relieved from the obligation of making future payments for services and shall be entitled to receive a refund on any unused payments except that Seller may charge Member a predetermined amount of \$100. initials. _____

You, the buyer may cancel this agreement at any time prior to midnight of the third business day of the health studio after the date of this agreement, excluding Sundays & Holidays. To cancel this agreement, mail or deliver a signed and dated notice or send an Email (Tina.arrowheadfitness@hotmail.com), which states that you, the buyer are canceling this agreement or words of similar effect. Such notice shall be sent to Arrowhead Fitness, LLC at the following address:

**28200 Hwy 189 Suite T100 Lake Arrowhead, CA 92352
PO BOX 3738 Lake Arrowhead, CA 92352**

In the event of a National Emergency, Pandemic or Mandated Closure of this facility, Payments will be suspended after two week of closure. The two week will allow us to determine the direction and duration of the incident before having to cancel memberships and processing. Any time lost and payments made that go unused due to these closures will be added on the end of your contracts.

By my signature below I, the member certify that I am physically able to use all facilities and do hereby agree that this facility is not responsible or liable to me for any injury, accident or loss of personal property. I understand that I cannot transfer this membership to any other person. I do hereby release this facility and its employees from any certain claim or cause of action which may have occurred as a result of any medical problem known or unknown which I have knowledge presently or in the future. I verify no promises or guarantees, other than those written in this agreement were made to me by this facility or its employees. I agree to follow Arrowhead Fitness, LLC instructional guidelines and to cooperatively utilize the facilities with other members. Failure to do so may result in cancellation of my membership.

I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS HEREIN.

Member's Signature: _____ Seller's Signature: _____

Members' Printed Name: _____ Date: ____/____/____



ARROWHEAD FITNESS, LLC MEMBERSHIP TIER LEVELS

With the exception of our Punch Card Program, ALL new members with one year contract will have an initial initiation startup, registration and processing fee of \$100.00. This fee is non-refundable after the 3 day cancellation period of this contract as stated. Initials. _____

ENERGY FITNESS:

\$59 Monthly: Basic Gym Membership (with a One Year Contract) Initials. _____

\$79 Monthly: Basic Gym Membership (Mont to Month - No Contract) Initials. _____

\$39 Monthly: Basic Gym Membership (Student - ID Required - No Contract) Initials. _____

Includes access to Weight & Cardio Room equipment and essential facilities: bathrooms, showers, and locker day use. **(Excludes Use of Dry Sauna)**

*I Opt to add Dry Sauna access to my contract for an additional \$10/month: Initials. _____

MOMENTUM FITNESS:

\$79 Monthly: Basic Gym Membership (with a One Year Contract) Initials. _____

\$99 Monthly: Basic Gym Membership (Mont to Month - No Contract) Initials. _____

\$49 Monthly: Basic Gym Membership (Student - ID Required - No Contract) Initials. _____

Includes Access to Fitness Floor Classes, including: Full Body HIIT Tone & Sculpting, Boot Camp, Studio/Outdoor Yoga, Buti Yoga, Barre Above, Zumba Fitness. Basic Gym access to Weight & Cardio Room equipment and essential facilities: bathrooms, showers, and locker day use. **(Excludes Use of Dry Sauna)**

*I Opt to add Dry Sauna access to my contract for an additional \$10/month: Initials. _____

VIP FITNESS:

\$99 Monthly: VIP Gym Membership (with a One Year Contract) Initials. _____

\$119 Monthly: Basic Gym Membership (Mont to Month - No Contract) Initials. _____

\$59 Monthly: Basic Gym Membership (Student - ID Required - No Contract) Initials. _____

Includes full access to fitness center facilities, including Sauna & Locker day use. Plus all Fitness Group Floor Classes, including Indoor/Outdoor cycling and Special Events Classes.

Arrowhead Fitness Punch Cards are available for Daily-Use Guests and Weekend Residents/Visitors. NO \$100.00 Initiation Fee is required for our "Punch Card Program".

IMPORTANT: Punch Cards are Valid for a period of 2 Years from the date of purchase.*

\$149.00 for a (10) ten visit punch card that is valid for use up to 2 years after purchase.

\$230.00 for a (20) twenty visit punch card that is valid for use up to 2 years after purchase.

TOTAL INITIAL DUE: _____ **TOTAL MONTHLY:** _____



ARROWHEAD FITNESS, LLC PAYMENT PLAN AUTHORIZATION

MEMBER NAME: _____

MEMBER ADDRESS: _____

CARDHOLDER/ACCOUNT NAME: _____

CARDHOLDER/ACCOUNT BILLING ADDRESS: (Street) _____

(City) _____ (State) _____ (Zip) _____

RECURRING* DEBIT START DATE ____/____/____
(*This recurring debit Start Date will determine all subsequent transaction dates.)

ACH OPTION:

CUSTOMER'S BANK INFORMATION

Bank: _____ Phone Number: () _____

City: _____ State: _____ Zip: _____

Routing Number (9-digit): _____ Account Number: _____

Person Paying For: (Print) _____ Signature: _____

Date: ____/____/____

Initials _____

CREDIT CARD OPTION: MC _____ VISA _____ DISCOVER _____ AMEX _____

Card Number: _____ - _____ - _____ Exp. ____/____ Code: _____

Name on Card: _____

Billing Address: _____ City: _____ Zip: _____

Initials _____

Payment Authorization

I hereby authorize Arrowhead Fitness, LLC to debit my account as identified above. This authorization shall remain in effect until the terms stated have been met or until Arrowhead Fitness, LLC has received written notification from me of intent to terminate at such time and in such manner as to afford Arrowhead Fitness, LLC and bank reasonable opportunity to act (minimum of 30 days).

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization to be filled out and submitted to Arrowhead Fitness, LLC 15 days prior to any changes being implemented. I understand that Arrowhead Fitness, LLC may cancel this payment plan due to uncollectible funds. I will be liable to pay a fee for each returned check of \$25. Initials _____

I understand that if my electronic debit is returned for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state-allowed fee. Initials _____

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Arrowhead Fitness, LLC, the check processor and the bank harmless from damage, loss or claim from all authorized actions hereunder.

CUSTOMER SIGNATURE: _____ DATE: ____/____/____

A VOIDED CHECK FROM CUSTOMER'S BANK ACCOUNT MUST BE STAPLED TO THIS AUTHORIZATION



ARROWHEAD FITNESS, LLC

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK & AGREEMENT TO PAY CLAIMS

As a Member of Arrowhead Fitness, LLC I _____ in consideration for being allowed to participate at this facility, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, Arrowhead Fitness, LLC, and their employees, officers, directors, volunteers and agents

(collectively "Staff") from any and all claims, including claims of the Staff's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this facility, including travel to, from and during. I am voluntarily participating in this fitness center and I am aware of the risks associated with traveling to/from and participating in this activity, which includes but are not limited to physical disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence: conditions related to travel" or conditions of the Fitness Location(s). I agree to hold Arrowhead Fitness, LLC harmless from any and all claims. If Arrowhead Fitness, LLC incurs any of these types of expenses, I agree to reimburse Arrowhead Fitness, LLC. If I need medical treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older or have a Parent/Guardian Authorization. I understand the legal consequences of signing this document, including (a) releasing Arrowhead Fitness, LLC from all liability, (b) Promising not to sue Arrowhead Fitness, LLC, (c) and assuming all risk of participating in this activity, including travel to, from and during the activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____ **Date:** ____/____/____

Participant Name (Print): _____

Phone Number:(_____) _____ - _____ **Email:** _____

If a Minor, Signature of Participant's Parent/Guardian: _____

Participant's Parent/Guardian (Print): _____ **Date:** ____/____/____