



Studio Membership Agreement

Last Name: _____ First Name: _____

Mailing Address PO Box: _____ Telephone: _____

Email: _____ Emergency Contact: _____

Membership payment options. Please indicate your payment choice. Please include a "void" cheque for monthly payments. *HST included.*

Annual single membership: **\$451.58**

single student membership (18 and under)
automatic monthly debit for 12 months: **\$28**

Single adult membership automatic monthly debit
for 12 months: **\$37.63**

I hereby agree to pay Positively Fit a monthly membership fee beginning ____/____/20____ for the following amount: _____.

To terminate this agreement, I will give Positively Fit 30 days notice.

_____ signature

Consent Acknowledgement:

The facilities and exercise programs offered by Positively Fit have been designed to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of members. I understand the facility does not always have an attendant on duty. I understand that the facilities and equipment must be used in a proper manner in order to minimize the risk of injury. This may be achieved through thoughtful and cautious use of the premises. I acknowledge the existence of the need for certain rules concerning the use of the facilities and I undertake to read those rules and abide by them. In consideration of my being permitted to become a member of the Positively Fit Personal Training Studio, I myself, my heirs, executors, administrators, successors and assigns, do hereby release and forever discharge, waive and save harmless, protect and keep indemnified, Positively Fit Personal Training, and all of their respective agents, employees, and representatives from and against any and all kinds of actions, claims, costs, expenses, and demands in respect of death, injury, loss or damage, to my person or property however caused arising out of my being permitted to attend at or any way take prior to, during or subsequent programs and/or activities as a member. I acknowledge that the membership fees may be increased from time to time upon the expiry of my current membership. I understand all membership privileges terminate on the date of expiration. Understand that membership fees are non-refundable except for medical reasons, provided that a written undertaking from a qualified physician stating same is submitted.

Signature: _____ Date: _____

Positively Fit Personal Training Studio
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www.positivelyfit.ca