

Last Name: _____ First Name: _____ MI: _____

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

Date of Birth: ____/____/____ Age: _____

Home Phone: ____-____-____ Cell: ____-____-____ E-mail Address: _____

In case of Emergency Notify: _____ Relationship: _____

Emergency: ____-____-____

Bodies In Balance urges all members to obtain a physical examination from their physician prior to the use of any exercise equipment or participation in any and all exercise programs. In recognition of the possible dangers connected with any physical activity, member hereby knowingly and voluntarily waives all rights or causes of action of any kind arising as a result of such activity. I hereby release Bodies In Balance, its officers, agents, employees, or instructors from any and all liabilities. Member will take full responsibility while at Bodies In Balance Fitness Center. Member agrees to follow all club rules. Bodies In Balance reserves the right to revise the rules from time to time. Violation of these rules may be cause for immediate suspension or cancellation of membership. Memberships must be cancelled in writing with a 30-day written notice. Memberships can be put on hold for up to 90 days per year with a written notice, all pre-paid memberships excluded.

Member’s Right to Cancel

If you wish to cancel this contract, you may cancel by delivering or mailing a written notice to the club. The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before midnight of the third business day after you sign this contract. The notice must be delivered or mailed to: Bodies in Balance, 1451 Highway 2 Two Harbors, MN 55616. If you cancel, the club will return, within ten days of the date on which you give notice of cancellation, any payments you have made.

Member Signature _____ Date ____/____/____

Guardian Signature (if under 18) _____ Date ____/____/____

OFFICE USE ONLY

SINGLE MEMBERSHIP

- ____ Monthly Automatic Withdrawal: \$40.00 (43.15 after tax)
- ____ 1 Month Membership: \$40.00 (43.15)
- ____ 3 Months: \$115.00 (124.06)
- ____ 6 Months: \$225.00 (242.72)
- ____ 12 Months: \$420.00 (453.08)

COUPLES MEMBERSHIP (Second access card FREE)

- ____ Monthly Automatic Withdrawal: \$75.00 (80.91)
- ____ 1 Month Membership: \$75.00 (80.91)
- ____ 12 Months: \$840.00 (906.15)

MEMBERSHIP OPTIONS

- ____ Day Pass: \$10.00 (10.79)
- ____ Week Pass: \$25.00 (26.97)
- ____ 10 Punch Card: \$70.00 (75.51)
(expires 60 days from purchase)
- ____ Access Card: \$30.00 (32.36)
- ____ Replacement access card/student/senior: \$10.00 (10.79)
- ____ Student Rate w/ Parent Membership: \$15.00 (16.18)
- ____ Senior Membership (55+) \$30.00 (32.36)

Card Number: _____

Office/Gym Tech Initials: _____

_____ **ACH**

_____ **Blue Cross Blue Shield**

_____ **Health Partners**

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Bodies In Balance 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 Bodies In Balance and its officers, agents, employees, representatives, medical director, executors and all others from any and all responsibilities or liability for injuries or damage resulting from my participation in any activities at said facility. I do hereby release all of those mentioned and any other acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or other acting on their behalf or any way arising out of or connected with my participation in any activities or exercising or the use of any equipment at Bodies In Balance Physical Therapy and Fitness.
(_____ Please initial)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a 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 understand this membership gives me the opportunity of 24 hour fitness. The membership includes a computer chipped card for entry into Bodies In Balance and is activated by our security system upon entry to BIB. I understand that I am paying a non-refundable deposit for this card and should I misplace my card I will be charged for a replacement.
(_____ Please initial)
4. I understand that if I choose to bring friends with me to use the gym after hours I will be charged a full months membership for every guest.
(_____ Please initial)
5. I understand that Bodies In Balance has a video monitoring system that is motion activated. All security information can be used for prosecution should that need arise.
(_____ Please initial)
6. 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 program of Bodies In Balance or the use of equipment or machinery expect as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, 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 a 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 participation and activities, and utilization of equipment and machinery in my activities.
(_____ Please initial)
7. ACH ONLY: I understand that I am signing a contract that obligates me to membership at Bodies In Balance Fitness Center. I am signing a contract with Bodies in Balance with the understanding that BIB will withdraw money from my account listed in my membership agreement. I also understand that if I would like to cancel my membership, I need to give a 30 day written cancellation to BIB. Bodies in Balance will continue to charge my debit/credit/or checking account until I have given a 30 day notice.
(_____ Please initial)

Member Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being physically active, check with your doctor.

Common sense is your best friend when you answer these questions. Please read the questions carefully and answer each one honestly.

- Y N 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
- Y N 2. Do you feel pain in your chest when you do physical activity?
- Y N 3. In the past month, have you had chest pain when you were not doing physical activity?
- Y N 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Y N 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Y N 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Y N 7. Do you know of any other reason why you should not do physical activity?

Please Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

If you answered YES to one or more questions:

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up gradually. You may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered No to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

Delay becoming much more active if:

- You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better, or
- If you are or may be pregnant – talk to your doctor before you start becoming much more active.

I understand my signature signifies that I have read and understand all the information on the questionnaire, that I have truthfully answered all the questions, and that any questions/concerns I may have had have been addressed to my complete satisfaction.

Name (please print): _____ Date: _____

Member Signature: _____

Guardian Signature (if under 18): _____