



MEMBERSHIP AGREEMENT

RELEASE AND LIABILITY WAIVER

PLEASE PRINT LEGIBLY

BUYER'S NAME - FIRST _____ LAST _____ PHONE# _____ BIRTHDATE _____

MEMBER'S NAME (IF DIFFERENT) _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ IN CASE OF EMERGENCY CONTACT: _____

HOW DID YOU HEAR ABOUT US: INTERNET _____ FRIEND _____ ADVERTISEMENT _____ OTHER: _____

RELEASE AND LIABILITY WAIVER: TO MY KNOWLEDGE, I DO NOT HAVE ANY LIMITING PHYSICAL CONDITION OR DISABILITY, WHICH WOULD PRECLUDE MY PARTICIPATION IN THIS COURSE. AS A MEMBER OF MADE FITNESS TRAINING CENTER, I INTEND TO AN WILL ENGAGE IN STRENUOUS PHYSICAL ACTIVITIES AND CLASSES ON MADE FITNESS AND TRAINING CENTER PREMISES. I UNDERSTAND THAT THESE PHYSICAL ACTIVITIES INVOLVE CERTAIN RISK AND EXPOSURE TO PERSONAL INJURY OR DAMAGE, WHICH RISK AND EXPOSURE I VOLUNTARILY ASSUME FOR MYSELF AND ANY OTHER GOOD AND VALUABLE CONSIDERATION, INCLUDING THE USE OF MADE FITNESS AND TRAINING CENTER FACILITIES AND THE ADMISSION OF MEMBERS OF MY FAMILY INCLUDING CHILDREN, THE RECEIPT AND SUFFICIENCY OF WHICH IS HEREBY ACKNOWLEDGED, I HEREBY RELEASE IN FULL AND FOREVER DISCHARGE MADE FITNESS AND TRAINING CENTER, ITS DIRECTORS, OFFICERS, MANAGERS, MEMBERS, EMPLOYEES, CONTRACTORS AND AGENTS. AND ALL OTHER MEMBERS AND GUESTS OF MADE FITNESS AND TRAINING, WHETHER ACTING OFFICIALLY OR OTHERWISE, ON BEHALF OF MYSELF OR ANY OTHER MEMBER OF MY FAMILY, OUR REPRESENTATIVE HEIRS, EXECUTORS, ADMINISTRATORS, AND PERSONAL REPRESENTATIVES, FROM ANY AND ALL INJURY LIABILITY, DAMAGES, CLAIMS, DEMANDS, AND/OR CAUSE OF ACTION, WHETHER FORESEEN OR UNFORESEEN, RELATED TO OR DERIVING FROM INJURY TO ME OR ANY INJURY TO ANY MEMBER OF MY MY FAMILY INCLUDING CHILDREN, DURING OR ARISING OUT OF THE USE OF MADE FITNESS AND TRAINING CENTER FACILITIES OR PARTICIPATION IN ANY MADE FITNESS AND TRAINING EVENT (E.G. CLASSES, SEMINARS, ETC.)

SIGNATURE (MUST BE 18YRS OLD) _____ DATE _____

CIRCLE ONE: BOX N BURN KHT MADE T-SAC BJJ HIIT TRX FUSION

CONTRACT TERMS, CONDITIONS, NOTICES & DISCLOSURES

MEMBERSHIP TYPE: _____

CONTRACT STARTS _____ CONTRACT EXPIRATION _____ MONTHLY PAYMENT AMOUNT \$ _____ PAYMENT DUE DATE _____ ENROLLMENT FEE \$ _____ SALESPERSON _____

REQUEST FOR ELECTRONIC FUNDS TRANSFER

AS A CONVENIENCE TO ME, I AUTHORIZE MY BANK TO MAKE PAYMENTS TO MADE FITNESS AND TRAINING, INCLUDING MONTHLY DUES, LATE FEES AND ANY PAST DUE AMOUNTS. I AGREE THAT THE TREATMENT OF SUCH PAYMENT SHALL BE THE SAME AS IF IT WERE SIGNED PERSONALLY BY ME. PAYMENT SHALL BE MADE VIA THE FOLLOWING METHOD:

- CHECKING
- CREDIT CARD (CIRCLE ONE) VISA, MASTERCARD, AMEX, DISCOVER

ACCOUNT# _____

ROUTING# _____

EXPIRATION DATE __/__/__ CVC CODE _____

CUSTOMER SIGNATURE _____

DATE: _____

RENEWAL TERMS / CANCELLATION POLICY

AT THE END OF YOUR INITIAL MEMBERSHIP TERM, YOUR MEMBERSHIP AND THIS AGREEMENT WILL AUTOMATICALLY CONTINUE ON A MONTH TO MONTH BASIS WITH FEES DUE AT YOUR ORIGINAL RATE. TO TERMINATE YOUR MEMBERSHIP AFTER THE INITIAL MEMBERSHIP TERM EXPIRES, YOU MUST TENDER A WRITTEN 30 DAY NOTICE TO OUR EMAIL ADDRESS AT: INFO@MADELOUISVILLE.COM REQUESTING THE CANCELLATION. NOTICE SHALL BE TENDERED PURSUANT TO THIS AGREEMENT AND WILL BE EFFECTIVE 30 DAYS AFTER RECEIPT BY MADE FITNESS AND TRAINING WITH ALL FEES DUE PRIOR TO EFFECTIVE DATE OF TERMINATION. MEMBERS MUST BE CURRENT IN DUES TO TERMINATE.

HOLDS/SUSPENSIONS

TO PLACE A HOLD ON AN ACCOUNT, YOU MUST SEND AN EMAIL TO INFO@MADELOUISVILLE.COM BEFORE THE NEXT PAYMENT DATE. WE DO NOT ISSUE REFUNDS FOR ACCOUNTS THAT BILL AFTER THE REQUEST. 2 MONTH LIMIT FOR HOLDS.

SIGNATURE _____

PHOTO RELEASE

I FURTHER HERBY AUTHORIZE MADE FITNESS TO USE PHOTOGRAPHS THAT CONTAIN IMAGES OF MYSELF OR MY PARTICIPATING CHILD FOR THE PURPOSE FOR FURTHERANCE OF BUSINESS OF MADE FITNESS, INCLUDING, BUT NOT LIMITED TO, INCLUSION OF ANY SUCH IMAGES IN ADVERTISEMENTS, SOCIAL MEDIA, ON WEBSITES, OR ON POSTERS. I FURTHER UNDERSTAND THAT NO PERSONAL INFORMATION WILL BE ASSOCIATED WITH ANY SUCH IMAGES, INCLUDING, BUT NOT LIMITED TO, NAME, AGE, ADDRESS, SCHOOL AFFILIATION OR ANY OTHER IDENTIFYING INFORMATION WITHOUT CONSENT. IF I DO NOT AGREE TO ALLOW THE FORGOING, I HAVE CHECKED THIS AND HAVE AFFIXED MY INITIALS HERE _____

X _____ SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE TERMS SET FORTH ABOVE AND AGREE TO BE BOUND BY THEM, I HAVE ALSO SIGNED THE MADE FITNESS AND TRAINING RULES AND WAIVER AND AGREE TO BE BOUND BY THEM. I UNDERSTAND THAT I MUST GIVE 30 DAYS WRITTEN NOTICE OF ANY CANCELLATION OR HOLDING OF MY CONTRACT WITH MADE FITNESS AND TRAINING AND THAT IF I CANCEL MY CONTRACT EARLY, I WILL PAY THE FULL AMOUNT OF THE REMAINING CONTRACT DUE TO MADE FITNESS AND TRAINING.

BUYERS SIGNATURE (MUST BE 18 YEARS OLD) _____

DATE _____