



DATE OF PURCHASE _____ Expiration Date _____

MEMBER NUMBER _____

Mr. | Ms. | Mrs. First _____ Last _____ MI. _____ DOB _____

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

Home Phone () _____ E-Mail: _____

Cell Phone () _____ Driver's License: _____

Emergency Contact Name: _____ Phone () _____



SINGLE JUMP		\$20.00
3 DAY TRIAL		\$45.00
<u>MONTHLY MEMBERSHIPS</u>		
PLATINUM	4 JUMPS PER WEEK	\$80.00
GOLD	3 JUMPS PER WEEK	\$85.00
ROSEGOLD	UNLIMITED	\$105.00
<u>CONTRACT PLANS</u>		
1 YEAR ADVANCE	UNLIMITED	\$1000.00
1 YEAR CONTRACT	4 JUMPS PER WEEK	\$75.00 MONTHLY
1 YEAR CONTRACT	UNLIMITED JUMPS	\$95.00 MONTHLY
2 YEAR CONTRACT	4 JUMPS PER WEEK	\$65.00 MONTHLY
2 YEAR CONTRACT	UNLIMITED JUMPS	\$85.00 MONTHLY
<u>SPECIAL MEMBERSHIPS</u>		
5 AM BOOTCAMP	3 WEEKS MONDAY - THURSDAY	\$70.00
KIDS MEMBERSHIP & SIBLINGS DISCOUNT	2 CLASSES TUESDAY & FRIDAY 7-7:30 (30 MIN) 1 SATURDAY CLASS (2HR) 1 HOLIDAY CLASS (2HR)	\$55.00 SIBLING DISCOUNT SAVE \$10.00
MILITARY DISCOUNT (ACTIVE, RETIRED & VETERANS)	4 JUMPS PER WEEK	\$60.00
GROUP JUMP	1 HR 9 JUMPERS	\$150.00
<u>BIRTHDAY PACKAGES</u>		
BIRTHDAY PARTY 1	2 HOURS	\$250.00
BIRTHDAY PARTY 2	3 HOURS	\$350.00

MONTHLY PAYMENT SCHEDULE

Payments will be charged to the card on file on the date of membership sign up, of every month.

Circle One: MASTERCARD VISA DEBIT

Card # _____ Exp: _____ / _____ / _____ CVV _____

Bank Name: _____ Circle One: Checking Savings

Routing # _____ Account # _____

CONSENT & AUTHORIZATION AGREEMENT:

I authorize Git Fit, llc to electronically charge my credit card on the 1st of each month. The deductions will continue until Git Fit, llc received written notice from member of its termination. The account may be charged/debited seven (7) days before or after the billing date. In the event the Git Fit, llc fails to bill your account on or after the billing date. Member acknowledges that such failure does not serve as a waiver of the Git Fit, llc rights to collection and you will still be billed. Member authorizes Git Fit, llc to charge/debit my account for all sums which are owing. including any increase provided for in this agreement. and any and all sums that become due. Including, but not limited to, processing fees, late fees, outstanding initiation fees, any other delinquent amount and all taxes enacted by any governing authority. Member has given Git Fit, llc a debit or credit card authorization form with the required bank information and account numbers. That specific authorization is attached to this contract and incorporated at this point by reference as if it were fully set forth herein.

No changes to this contract are permitted. THIS CONTRACT MAY NOT BE CANCELLED BY MEMBER FOR ANY REASON OTHER THAN REASONS SET FORTH IN THE GENERAL INFORMATION SECTION OF THIS AGREEMENT. Member acknowledges and agrees that no oral promises or any privileges or representations have been made and that this Agreement together with your Membership Contract represent the entire agreement between you and Git Fit, llc

Members Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____
Signature

Authorized Agent: _____ Date: _____
Git Fit, llc Signature

Print Agent Name: _____ Title: _____
Git Fit, llc

ALL SESSIONS EXPIRE ON EXPIRATION DATE WRITTEN ON CONTRACT

General Information:

Sessions may not be shared. Training sessions cannot be transferred to any other members. There is no refund for unused or expired training sessions.

Scheduled but unused (no show) sessions are not eligible for refunds. Members more than 20 minutes late for a scheduled session will be considered a "no show" and result in the deduction of one session. Training sessions expire at the end of every month. In the event Git Fit, llc is, unable to provide the member(s) with a specific trainer. the member(s) agree(s) to train with the next available trainer. All training sessions must be redeemed at the location the sessions were purchased. Git Fit, llc reserves the right to suspend or terminate this member service for any or no reason in its sole discretion.

Scheduling Policy:

A 24- hour rescheduling notice is required for all sessions and must be communicated to a manager at Git Fit, llc where your services are scheduled. Any rescheduling notice received less than 24 hours before the scheduled training session will result in one session being deducted from this account. There are no refunds for unused sessions.

Waiver and Release:

I am aware that physical exercise is a calculated risk activity and that using Git Fit, llc exercise equipment, free weights, cardiovascular equipment, personal training services. and any other facilities and related services offered by the studio involves inherent dangers. including loss of or damage to personal property and serious personal injury or death. I am aware of and understand the scope, nature and extent of the risks involved in the activities contemplated by this Release and Waiver. I voluntarily assume and freely choose to incur any and all such risks of loss, damage, or injury, including but not limited to, the risk of harm caused in whole or part by the unintentional conduct of Git Fit, llc including, but not limited to any of the Git Fit, llc employees.

Member's Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Cancellation Policy:

Member: Should I need to give notice of cancellation I understand that a refund of money that was paid in advance will not be given, I agree to follow Git Fit, llc company record keeping policies and procedures by filling out their written cancellation form and hand delivering it to Git Fit, llc facility. I understand that I am liable for all fees and charges that are owed prior to my written cancellation notice.

Today's Date _____ Client Name _____

Address _____ City _____ State _____

Member Number _____

Cancellations:

All Git Fit cancellations must be submitted in writing or electronically and are subject to review and final approval before being finalized. Once cancellation is approved, recurring payments will be stopped. Please allow 30 business days for cancellation and the stoppage of recurring payments. All cancellations are subject to a \$50 processing fee on the 30th day from cancellation notice.

Scheduled but unused (no show) sessions are not eligible for refunds.

I understand and agree to the terms of this cancellation as stated on my agreement and this form, Member or authorized signature and date required on all cancellations.

Member Signature: _____ Date: _____

Authorized Agent Signature: _____ Title: _____ Date: _____



PHOTO – VIDEO RELEASE FORM

I hereby grant the business, Git Fit, llc permission to use my video(s), and or my likeness in a photograph, video, or other digital media (“photo”) in all its publications, including social media and web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Git Fit, llc and will not be returned.

I hereby irrevocably authorize Git Fit, llc to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Git Fit, llc from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name: _____

Signature: _____ Date: ____/____/____

If under 18, both parents must sign individually and as parent/guardian.

Parent Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

WAIVER AND RELEASE

Name _____ Date _____

Address _____

Phone _____

I am aware that physical exercise is a calculated risk activity and that using Git Fit, llc exercise equipment, free weights, cardiovascular equipment, personal training services, and any other facilities and related services offered by the studio involves inherent dangers, including loss of or damage to personal property and serious personal injury or death. I am aware of and understand the scope, nature, and extent of the risks involved in the activities contemplated by this Release and Waiver. I voluntarily assume and freely choose to incur any, and all such risks of loss, damage, or injury, including but not limited to, the risk of harm caused in whole or part by the unintentional conduct of Git Fit, llc including, but not limited to any of the Git Fit, llc employees.

Visitor Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

CANCELLATION FORM

Today's Date _____ Agreement Number _____

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Sale Location _____ Original Sale Date _____

Original Receipt # _____

Cancellation type (select one):

Member: I wish to give written or electronic notice of cancellation effective 30-days from the next billing day as stated on my agreement. I understand that I am liable for all fees and charges that are owed during my cancellation notice period.

Select Reason for Cancellation:

Death or Disability other

For Cancellation reason "OTHER" explanation required.

NOTICE TO MEMBER:

All personal training cancellations are subject to review and final approval before being finalized.

Scheduled but unused (no show) sessions are not eligible for refunds.

All cancellations are subject to a \$30 processing fee on the 30th day from cancellation notice.

I understand and agree to the terms of this cancellation as stated on my agreement and this form, Member or authorized signature and date required on all cancellations.

Signature _____ Date _____