



GRIT FITNESS MEMBERSHIP AGREEMENT

Between Grit Fitness and (please print name) _____

Services Provided: Grit Fitness obligations hereunder and the undersigned Member's membership are conditioned upon:

- (i) Member executing this Agreement and initializing as designated,
- (ii) Member executing a Liability Release in the form provided by Grit Fitness, and
- (iii) Member otherwise complying with this Agreement (including, without limitation, the Rules defined below) For purposes of the foregoing conditions, the term "member" shall include each individual (i.e., spouse and children) included in a membership. Conditioned on the foregoing, operating hours, as established from time to time, and (b) participate in any one or more group classes offered by Grit Fitness from time to time.

Grit Fitness does not possess an "open gym" format. Operating hours are by class or appointment-only training, unless otherwise noted.

The facility is located at the address of 1555 12th St SE Salem, OR 97302. Hours of operation are as follows:

1. Operating Hours; varies; see www.gritfitnesstraining.com
2. Weekly Classes; varies; see www.gritfitnesstraining.com

Grit Fitness may alter its location, operating hours, type and quantity of equipment and type and frequency of its classes from time to time at its sole discretion. Fitness training is an evolving science. Thus, Grit Fitness reserves the right to change its routines, classes and equipment to accommodate such evolution.

Membership:

Member hereby subscribes for the following type of membership (Check all that apply):

_____ Individual _____ Spouse (50% discount) _____ Children 14-18 (50% discount)
_____ Military (active)/Fire/Police (10% discount)

Length of Membership:

_____ 12 month/Unlimited (\$120/mo) _____ 12 month/3 days/wk(\$100/mo)
_____ 6 month/Unlimited (\$130/mo) _____ 6 month/3 days/wk (\$110/mo)
_____ Month-to-Month Unlimited (\$140.00/mo) _____ Month-to Month 3 days/wk (\$120/mo)



CANCELLATION POLICY

Compliance with Rules: Member shall abide by all membership and facility rules and regulations established by Grit Fitness, which may be posted at the facility, provided in writing, or issued orally and which may be amended from time to time at the sole discretion of Grit Fitness (collectively, "Rules"). I agree that improper or unauthorized use of the facility or violation of the Rules may result in member suspension or cancellation at Grit Fitness's discretion.

General: This Agreement, the Release and the Rules represent the complete understanding between Member and Grit Fitness. No representations, written or oral, other than those contained in this contract are authorized or binding upon Grit Fitness. Member understands that he/she is obligated to pay the membership fee regardless of whether Member uses the facility. Member agrees to promptly notify Grit Fitness in writing of any changes of address, phone, and/or bank account/credit card information. At the end of the term of this membership contract, it shall continue in effect on a month to month basis unless new rates have been installed or you provide notice of cancellation to terminate this contract.

Cancellation Rights: You may cancel this contract for one or more of the following reasons by delivering written notice of cancellation to: Grit Fitness, Attn: Manager, 1555 12th St SE, Suite 100, Salem, OR 97302.

1. Relocation: If member moves his/her residence more than twenty-five (25) miles from the Facility, Member may cancel his/her membership subject to a \$50 service charge.

2. Death; Disability: In the event that a Member dies or becomes disabled, then upon notice to Grit Fitness the Agreement shall terminate as of the date Member could no longer use the membership. If prepaid, the Member shall be entitled to a pro rata reimbursement for the period after termination. For purposes of this provision, "disability" means a condition which precludes the member from physically using the facilities as verified by a physician.

YOU, THE BUYER, MAY CANCEL THIS AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD (3rd) BUSINESS DAY OF THE FITNESS FACILITY AFTER THE DATE OF THIS AGREEMENT, EXCLUDING SUNDAYS AND HOLIDAYS. TO CANCEL THIS AGREEMENT, MAIL OR DELIVER A SIGNED AND DATED NOTICE WHICH STATES THAT YOU, THE BUYER, ARE CANCELING THIS AGREEMENT, OR WORDS OF SIMILAR EFFECT. SUCH NOTICE SHALL BE SENT TO: GRIT FITNESS, ATTN: MANAGER, 1555 12th ST SE, SUITE 100 SALEM, OR 97302.

THE TOTAL TERM OF THIS MEMBERSHIP AGREEMENT IS \$_____

I certify that I have read and understand all of the terms of this agreement and agree to abide by all of the terms of this Agreement.

Member (please sign): _____



HEALTH HISTORY INFORMATION

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: MALE/FEMALE _____

PHONE#: (HOME) _____ EMAIL: _____ (CELL) _____

POSITION: _____ (WORK) _____ COMPANY: _____

Please answer the following questions:

Diagnosed hypercholesterolemia (total cholesterol greater than 200mg/dl or HDL less than 35 mg/dl)

YES OR NO TOTAL CHOLESTEROL # _____

Diagnosed hypertension (blood pressure greater than or equal to 140/90 mg/dl) **YES OR NO**

Any smoking habits? **YES OR NO**

Diabetes? (adult or juvenile) **YES OR NO**

Any family history of heart disease prior to the age of 55? **YES OR NO**

WOMEN: Are you 55 years of age or older? **YES OR NO**

MEN: Are you 45 years of age or older? **YES OR NO**

List any medications or allergies: _____

List any and all surgeries, illnesses or injuries (ortho) that you have had or have:

When was your last physical check up? _____

Please answer if you've had any of the following heart/vascular problems/metabolic disease/respiratory disease (please specify):

Heart disease, heart attack, angina _____ kidney disease _____

Coronary angioplasty/cardiac surgery _____ thyroid disorders _____

Rapid heartbeats/palpitations _____ liver disorders _____



Heart murmurs or unusual cardiac findings _____ Stroke _____
Peripheral vascular disease Any respiratory disease: _____ Asthma _____
Chronic bronchitis _____ Emphysema _____
Any shortness of breath _____ Unusual fatigue _____
Ankle swelling _____ Chest discomfort at rest or during exertion _____
Fainting or dizziness _____
Other _____

I verify that all information above is accurate. I understand that it is my responsibility to update the staff of Grit Fitness of any changes in my medical status and it is also my responsibility to obtain medical clearance from my physician if needed to participate in my personal training program.

Signature of Participant

Date



EMERGENCY CONTACT FORM

NAME: _____ TODAY'S DATE: _____

EMERGENCY CONTACT IN CASE OF AN ACCIDENT:

NAME OF CONTACT PERSON _____

PHONE# (HOME) _____ (WORK) _____

RELATIONSHIP TO CLIENT _____

NAME OF CONTACT PERSON _____

PHONE# (HOME) _____ (WORK) _____

RELATIONSHIP TO CLIENT _____

ARE YOU ALLERGIC TO ANYTHING:

ARE YOU TAKING ANY MEDICATIONS AT THE PRESENT TIME:

CHOICE OF HOSPITAL YOU WOULD LIKE TO BE TAKEN: _____

TYPE OF INSURANCE: _____

SIGNATURE OF PARTICIPANT

DATE