



Primary Member Name: _____ DOB: _____ Barcode: _____

Secondary Member Name: _____ DOB: _____ Barcode: _____

Address: _____

City: _____ State: _____ Zip code: _____ Cell: _____

Email Address: _____

Emergency Contact Name: _____ Cell: _____

Additional Members (over the age of 13 and under the age of 23 years):

Name: _____ DOB: _____ Barcode: _____

Name: _____ DOB: _____ Barcode: _____

Name: _____ DOB: _____ Barcode: _____

Name: _____ DOB: _____ Barcode: _____

Category of Membership: Checkmark your choice of membership

_____ Individual/Single: \$89/Month + tax

_____ Gold Single: \$69/month + tax (65+)

_____ Couples: \$159/Month + tax (2 members max)

_____ Gold Couple: \$119/month + tax (65+)

_____ Family: \$199/month + tax (6 members total max)

Optional Lockers: Checkmark your choice of locker

_____ Full locker \$15/Month + tax

_____ Half locker \$10/Month + tax

How Did You Hear About Us:

___ Previous Member

___ Instagram

___ Received a phone call

___ Neighborhood

___ Facebook

___ Nextdoor

___ Corazon event

___ Met with a staff member: _____

Signed by member: _____ Date: _____

OFFICE USE ONLY:

Toured by: _____

Date: _____

Entered into system by: _____ Date: _____

Membership Agreement

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants with respect to any aspect of credit transaction on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract). The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Payment Authorization

Payment Terms:

1. Today's date is _____ (Month, Day, Year)
2. Your agreement begins on _____ (Month, Day, Year) and continues until cancelled.
3. Total due today is \$ _____. This amount includes the enrollment fee and prorated dues from the date of this contract through the next billing date.(+tax)
4. Your payments are due on the 1st of each month. Number of Monthly Payments: Month-to-Month
5. Amount of each Monthly Payment \$ _____ (Dues + tax)

First Monthly Payment Due Date: 1st of _____ (Month)

I hereby understand that The Club at Corazon does not guarantee the above pricing beyond this 12 month agreement. At the end of this contract my membership dues will reflect the current dues being offered.

Initial Here

I hereby authorize my bank to make payments to **The Club at Corazon** by either credit card or ACH bank debit and post it to my account. If I choose to pay by credit card, I agree to allow my bank account to be drafted should my credit card expire, but only if my credit card expires. I agree to promptly update my card information, but until I do, I understand that my bank account will continue to be drafted to cover all charges and fees associated with this Agreement.

I hereby certify that I am the authorized holder and signer of the credit card and/or bank account used to make the initial down payment and any future payments per the term of this Agreement and that I am of legal age and mental competency to enter this Agreement.

I understand that these charges, listed above, will appear on my credit card statement and/or bank statement under the name of ASF* The Club at Corazon and I accept full financial responsibility for the payment of these charges. I agree that payments are owed and that the services/products I am paying for will be solely licensed and accessible to the individual person listed as the Customer.

I further understand that I will be liable for any charges or fees that are related to collections, merchant services and/or legal fees that may be incurred in the process of Vita Fitness Corazon collecting any unpaid agreements or payments.

I certify that the information that is stated above is true and accurate. I am legally authorized to sign for this payment as well as legally liable for the payment terms stated above. I understand that I may be prosecuted in a court of law by providing any false information that pertains to this agreement or presenting myself as the cardholder of this account when in fact I am not. *This Authorization will remain in effect until The Club at Corazon has collected all charges assessed in connection with the terms of this agreement, including any auto renewal (roll-over) charges, late fees, and returned payment fees.*

I also agree to contact The Club at Corazon about any matter of cancellation or stop payment that may pertain to this agreement in order to attempt to resolve the matter prior to taking any negative action such as stopping payment of charging back. If any negative action is taken and the action is ruled in favor of The Club at Corazon, and the cardholder/bank account owner did not contact The Club at Corazon prior to the negative action, the cardholder/account owner will be legally liable for all items and fees as noted above.

I being of legal age and sound mental competency agree to these terms and agree to the legal liability that may incur against these terms:

Membership Auto-Renewal Term: All Memberships roll over to non-commitment, open-end/month-To-month Agreements and rates starting at the first month after the agreed payment schedule per original Membership Agreement. **MEMBERSHIPS THAT ROLL OVER TO MONTH-TO-MONTH STATUS REQUIRE A 30-DAY WRITTEN NOTICE TO CANCEL WHICH WILL INCLUDE ONE LAST BILLING CYCLE.**

Initial Here

Default and Late Payment: Should you default on any payment obligation as called for in this agreement, the entire outstanding balances shall be deemed due and payable upon demand, and you agree to pay allowable interest, and all cost of collection, including, but not limited to, collection agency fees, court costs and attorney fees. Should any monthly payment become more than 10 days past due, you will be charged a late fee of \$20.00 to cover additional administrative expenses and other expenses related to obtaining your payment. **A \$25 fee will be charged for all returned payments.** These fees are subject to change at the Club's discretion.

Cancellation Policy: if by reason of death or permanent disability, the Member is unable to continue The membership, Member or Member's estate shall be relieved from the obligations of this contract. (30-day written notice is required which will include one last billing cycle). **COMPLETION OF THE CLUB CANCELLATION FORM IS REQUIRED.**

Waiver and Release of Liability: The Club at Corazon, hereinafter referred to as "the Club", urges you and all Members to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class. All exercise, including the use of weights and any and all machinery, equipment and apparatus designed for exercising shall be at the Member's sole risk.

Member understands that the agreement to use, or selection of exercise programs, methods and types of equipment shall be Member's entire responsibility, and the Club shall not be liable to member for any claims, demands, injuries, damages, or actions arising due to injury to Member's person or property arising out of or in connection with the use by member of the services, facilities, or premises of the Club. Member hereby holds the Club, The Club at Corazon, their offices, owners, agents and employee harmless from all claims which may be brought against them by member or on Member's behalf for any such injuries or claims.

This waiver is incorporated and made a part of the following document as if fully set forth in above Membership Agreement.

Member expressly states and understands that this waiver attached to the agreement referenced above will automatically attach to and become a part of any subsequent renewals of this Agreement, until such time as member notifies The Club at Corazon of his/her withdrawal of this waiver.

In consideration of me being permitted to participate in any way in The Club at Corazon MyClubBusiness, powered by ASF Payment Solutions, (member website) (hereinafter referred to as ("Parties")) and sponsored activities, I agree that:

1. I understand the nature of Parties activities and I believe I am qualified to participate in such activity. I further agree and warrant that if at any time I believe conditions are to be unsafe, I will immediately discontinue further participation in the activity.

2. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Parties, their respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place (each considered one of the Releases herein) from all liability, claims, demands, losses, or damage on my account caused or alleged to be caused in whole or in any part by any person for any reason otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releases name above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUB SEQUENTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

I ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER.

Member signature: _____

Date: _____

The Club at Corazon witness of Agreement & Waiver signature: _____



**Credit Card Billing Authorization
(Must be filled out completely)**

Please be advised a credit card on file is required for all memberships

By signing below I authorize Vita Fitness Corazon to bill my credit card for my monthly dues and charges per my "Membership Agreement"

**Vita Fitness Corazon accepts the following credit cards:
Visa, MasterCard, American Express & Discover**

Credit Card Type: _____

Credit Card Number: _____

Security Code: _____ EXP. _____

Printed Card Holder Name: _____

Card Holder Signature: _____

Card Holders Address: _____

Card Holders Telephone: _____

Date Taken: _____

Initials: _____

FOR CLUB USE ONLY

Primary Membership Account #: _____