

TERMINUS CLUB

Membership Application

MEMBER INFORMATION (PLEASE PRINT)

Name	
Billing Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Date of Birth	
E-mail	
Company Name	

MEMBERSHIP TYPE (PLEASE CIRCLE)

Golf Fitness

I plan to pay my membership (please circle): Monthly In Full

Credit card type	
Credit card number	
Expiration Date	
Security Code (on back)	
Rate	
Enrollment Fee	

Waiver of Liability/Cancellation

I have read and understand the Membership Cancellation Policy listed on this form and agree to be bound by the rules as they now exist and may, from time to time be amended. I also agree that all exercise, treatment and use of equipment and facilities of Terminus Club shall be undertaken at my sole risk. As a member I assume the risk of all injuries I or my spouse may suffer while using any of the equipment or the facilities of Terminus Club and neither the Terminus Club nor the owner operator of Terminus Club shall be liable for any claims, demands, injuries, damages, actions or causes of actions, whatsoever, to me or property arising out of or connected to any of the services, equipment, equipment and/or facilities of Terminus Club, and I hereby expressly forever release and discharge Terminus Club and the owner/operator of Terminus Club from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of negligence, active or passive, and all other fault, on the part of Terminus Club, it's owners, operators, and the servants, agents or employees of the foregoing.

Members right to Cancel: You have fourteen days to cancel this contract. To cancel, you must notify in writing, either letter or via e-mail, the front desk manager at Terminus Club.

By signing this membership agreement, the signee has reviewed and concurs that all information in the agreement is correct to the best of his/her knowledge and belief. The signee agrees to the above agreement and all terms and conditions of Terminus Club. Furthermore, the signee agrees to accept financial responsibility for all individuals listed on this form. If you have a history of heart disease, you should consult your physician before joining the Terminus Club.

I authorize Terminus Club to deduct my membership/services each month from my Credit Card (signature required below).

Signature(s):
Date: