



- ☐ NEW  
☐ RENEWAL  
☐ REWRITE

CLUB # 2465 MEMBERSHIP # \_\_\_\_\_

3456 Hillcrest Road, Suite A3  
Mobile, AL 36695

251.662.1320

MobileAL@anytimefitness.com

## MEMBERSHIP AGREEMENT

Name		SS#
Mailing Address		Driver's License #
City, State	Zip Code	Home Phone ( )
Email		Cell Phone ( )
Employer	Occupation	Work Phone ( )
How did you hear about us?	Emergency Contact	Emergency Phone ( )

### MEMBERS WITH ACCESS TO CLUB FACILITY

Primary Member <input type="radio"/>	<input type="radio"/> Tanning <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Birthdate	Key #
Family Member <input type="radio"/>	<input type="radio"/> Tanning <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Birthdate	Key #
Family Member <input type="radio"/>	<input type="radio"/> Tanning <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Birthdate	Key #
Family Member <input type="radio"/>	<input type="radio"/> Tanning <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Birthdate	Key #

### MEMBER ASSUMPTION OF RISK AND RELEASE

I understand the risk of injury from CLUB activities and using any CLUB equipment is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that this is an UNSUPERVISED FITNESS CENTER and I assume all risks associated with using exercise equipment and other products and machines and exercising alone without the aid and presence of CLUB staff on the premises. I understand that Anytime Fitness® is a trademark of Anytime Fitness, LLC, that has been licensed to this CLUB and that this CLUB is independently owned and operated by Gulf Coast Fitness, LLC. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Anytime Fitness, LLC and its affiliates, ABC Financial Services, INC., AND THE OWNERS OF ALL CLUBS WITHIN THE ANYTIME FITNESS SYSTEM, as well as all sponsors and advertisers, affiliates, agents and lessors of the premises of such clubs, and their respective officers, affiliates, agents and employees WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE to person or property that may arise out of or in connection with my use of any of the equipment products and machines or the facilities of the CLUB of any other Anytime Fitness club, or any incident that occurs while using such facilities, or otherwise related to my membership. I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the CLUB is relying on this release in agreeing to enter into this Agreement.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**ADDITIONAL TERMS AND CONDITIONS** – I hereby confirm that I am aware of and agree to the terms and conditions on both the front and back of this document.

The period over which this agreement is financed shall not be for a period in excess of 24 months.

Member Signature <input type="radio"/>	Date
Member Signature <input type="radio"/>	Date
Member Signature <input type="radio"/>	Date
Member Signature <input type="radio"/>	Date
Staff Signature	Date

### AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We hereby authorize the Designated Billing Company selected by this CLUB to draw items (checks, electronic fund transfers, charge card) for the purpose of paying the membership dues, including any late fees or service fees, as well as other purchases, on the account indicated below.

- ☐ CHECKING  
☐ SAVINGS

NAME AS SHOWN ON ACCOUNT

BANK NAME

ROUTING # (9 DIGITS)

ACCOUNT #

CREDIT CARD #

EXP. DATE

Subject to the following conditions:

- (1) The terms shall be drawn on or about the date or dates of the Payment Plan. The transactions on your bank statement will constitute receipts for payment on your account.
- (2) If the regular payments set forth on the Payment Plan should vary in amount, you are entitled to receive notice at least 10 days before the payment is due, when it will be made and how much it will be. However, by executing this preauthorization, you choose to instead get this notice only when the payment would differ by more than \$50.00 from the most recent payment.
- (3) By executing this agreement, you acknowledge your awareness that certain disclosures required by the Electronic Funds Transfer Act and its regulations are available for your review at the Designated Billing Company's website: [www.abcfinc.com](http://www.abcfinc.com) under Terms and Conditions.
- (4) The privilege of making payments under this arrangement may be revoked by the Company if any item is not paid upon presentation.
- (5) If this preauthorization payment arrangement is revoked for any reason, this does not release you from your obligation (Payment Plan).
- (6) A service fee will be assessed and drafted for any check, draft, credit card, or order returned for insufficient funds or any other reason. A late fee will be assessed and drafted should any monthly payment become past due.
- (7) This preauthorization payment arrangement shall apply to the following Applicant(s):

SIGNED

DATE

### MEMBERSHIP TERM

MEMBERSHIP TERM IS \_\_\_\_\_ MONTHS,

BEGINNING \_\_\_\_/\_\_\_\_/\_\_\_\_, EXPIRING \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Dues	\$ _____
Tanning Dues	\$ _____
Processing Fees	\$ _____
Anytime Health Membership Fee	\$ _____
Total	\$ _____
Down Payment	\$ _____
Unpaid Balance	\$ _____

Down Payment Method ☐ Cash ☐ Check ☐ MC ☐ VISA ☐ DIS ☐ AMEX

Payment Plan ☐ PIF ☐ Monthly ☐ Other \_\_\_\_\_

Monthly Payment Method ☐ Cash ☐ Check ☐ MC ☐ VISA ☐ DIS ☐ AMEX

Type of Membership \_\_\_\_\_

I agree to and understand the following payment plan(s):

**PAYMENT PLAN (Membership Dues):** \$ \_\_\_\_\_ PER MONTH

FOR \_\_\_\_\_ CONSECUTIVE MONTHS BEGINNING \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAYMENT PLAN (Tanning Dues):** \$ \_\_\_\_\_ PER MONTH

FOR \_\_\_\_\_ CONSECUTIVE MONTHS BEGINNING \_\_\_\_/\_\_\_\_/\_\_\_\_

### ANYTIME HEALTH MEMBERSHIP\*

Anytime Health® is the official wellness website for Anytime Fitness members. As part of your club membership, you will have full access to online tools and information that will help you achieve your fitness, diet, and wellness goals. You will also have access to an online community where you can get expert answers to your questions and support from a global network of members.

\*Anytime Health membership terms and conditions can be found at [www.anytimehealth.com](http://www.anytimehealth.com)

### AUTO RENEWAL PROGRAM

Provided that MEMBER is not in default of this agreement and subject to the terms and conditions hereof, the membership will automatically renew at the rate indicated below, which rate also includes the Anytime Health membership fee. Renewal terms may be cancelled at any time provided a 30-day written notice is delivered to the CLUB's address or their designated billing company. It is also understood that the CLUB has the option to increase monthly renewal dues without notice during any renewal period not to exceed \$ \_\_\_\_\_ per month.

**MONTHLY DUES:** \$ \_\_\_\_\_ PER MONTH FOR FUTURE AUTOMATIC RENEWAL.

MEMBER's Initials \_\_\_\_\_

### INTERNATIONAL ACCESS AND RECIPROCITY

MEMBER has the option to use other Anytime Fitness® CLUBS. After the 30 day processing period, member will have access to other Anytime Fitness CLUBS. If over a period of 60 days, Anytime Fitness, LLC, determines that MEMBER primarily uses another Anytime Fitness® facility more than this CLUB, MEMBER may be transferred to that facility, and MEMBER will then be required to pay the membership dues of that facility which may be more than the dues payable under this Agreement.

MEMBER's Initials \_\_\_\_\_