



MEMBERSHIP APPLICATION & AGREEMENT

☐ University ☐ Hospital ☐ Clinic ☐ Wesley Woods ☐ Crawford Long ☐ Spouse ☐ Other

(Please check one)

Name (Please Print) ☐ Male ☐ Female / /
DOB

Street Address City, State, Zip

Home or Cell Phone Email Address

Emergency Contact/Relationship Emergency Phone

MEMBERSHIP TYPE: ☐ Monthly ☐ Annual ☐ Other Cost \$

Membership Expiration Date:

INVESTMENT:

Enrollment Fee \$

Membership Dues \$

Other \$

TOTAL PAID \$

AUTHORIZATION AGREEMENT - Please read carefully.

I authorize the Blomeyer Health Fitness Center, as managed and operated by Corporate Sports Unlimited, Inc. to charge my account (Payroll Deduction, or Checking Account) monthly beginning (mm/yy) in the amount of \$.

The authorization is extended by me to the Blomeyer Health Fitness Center or its authorized agents. I understand that this authorization agreement shall remain in force until I give the 30 days written notice of my intent to end my membership.

Regardless of what payment method is utilized, I understand and authorize one additional month's payment submitted/drafted within the 30-day cancellation period. (Member Initials) I further understand that during the 30-day notice period, I will have access to the facilities and services of the Blomeyer Health Fitness Center, and that I am responsible for the monthly dues during that period. (Member Initials)

PAYMENT METHOD: ☐ Payroll Deduction (if applicable) ☐ Checking

(check one only)

Name on Account (Please print) Emory ID#

Payment Authorization Signature Date

Upon acceptance of this application by the Blomeyer Health Fitness Center, I hereby agree to accept the membership agreement printed on front and reverse side of this application.

Member's Signature Date

FOR OFFICE USE ONLY

MEMBER NAME (print)

MEMBER NUMBER

TOTAL PAID \$ ☐ Cash ☐ Check(#) ☐ CC STAFF APPROVAL (initials)

CONDITIONS

1. CONSUMER'S RIGHT OF CANCELLATION

A. By law, you (the buyer) have seven business days to cancel this contract.

To be effective, your cancellation must be postmarked by midnight of the 7th business day, and must include all contract forms, membership cards, and any and all other documents and evidence of membership previously delivered to you.

Notice of intent to end membership must be delivered in person to Blomeyer Fitness Center or by certified mail addressed to: Blomeyer Health Fitness Center, Emory University, 1525 Clifton Road, 5th Floor, Atlanta, GA 30322. The Blomeyer Health Fitness Center assumes no responsibility for mail not sent by certified mail. Membership card must accompany notice of intent to end membership.

B. You (the buyer) may cancel this agreement for any reason with a 30 days written notice. Regardless of what payment method is utilized, I understand and authorize one month's payment submitted/drafted within the 30-day cancellation period. I further understand that during the 30-day notice period, I will have access to the facilities and services.

C. The Blomeyer Health Fitness Center reserves the right to cancel this membership agreement and request the return of membership card at its discretion.

2. MEMBERSHIP

A. The classification of members, the amount of dues payable by the members, the suspension and expulsion of members, and all other matters affecting or relating to the membership shall be under complete control of the Blomeyer Health Fitness Center. The dues applicable to any type of membership and other charges imposed by the Blomeyer Health Fitness Center may be changed at any time.

B. Membership is open to any person of legal age who is an active Emory employee or approved affiliate of Emory University.

3. HEALTH SCREENING. The Blomeyer Health Fitness Center reserves the right to decline membership to anyone having medical conditions requiring any professional medical supervision. I hereby acknowledge that I have been offered a pre-activity screening instrument, PARQ, health history, fitness test, or health promotion evaluation or have decided to participate in activity and use of equipment and machinery without participating in a pre-activity screening process assuming all responsibility for my participation in any and all such activities.

4. DUES. The monthly dues shall be initially that amount indicated on the front side of this document, but shall be subject to increase pursuant to item 2. ALL FEES ARE NON-REFUNDABLE.

5. DELINQUENT ACCOUNTS. In the event that I default on my obligation, the Blomeyer Health Fitness Center has the right to collect all monies due in an accelerated manner plus any fees charged by a collection agency, and/or any reasonable attorney fees including court costs.

6. LATE OR RETURNED ITEM CHARGES. A \$5.00 late fee will be assessed to any member failing to make payments by the due date, and \$25.00 for a returned check or credit card draft as a result of insufficient funds, closed account, or similar circumstance.

7. FREEZE POLICY. The Blomeyer Health Fitness Center will freeze a membership for medical reasons when presented with a medical statement from physician. Medical freezes will occur in full calendar month increments not to exceed three months.

8. PARTICIPATION. I understand that the amount and extent to which I participate in exercise and other activities within the premises is my responsibility. My failure to use the facilities does not constitute grounds for a refund or cancellation.

9. CARDS. There will be a \$5.00 fee charged for lost cards. Cards are not transferable to another person.

10. DAMAGE TO FACILITIES. I agree to pay for any damage I may cause to the fitness center's facilities through my careless or negligent use or misuse thereof.

11. HOURS OF OPERATION. Operation schedules may vary and are subject to change from time to time. This information will be posted in the fitness center.

12. UNAVAILABILITY OF FACILITY OR SERVICES. I agree to accept the fact that a particular facility or service in the premises may be unavailable at any particular time due to mechanical breakdown, fire, act of God, condemnation, loss of lease, catastrophe or any other reason. Further, I agree not to hold Blomeyer Health Fitness Center responsible or liable for such occurrences.

13. AMENDING THE RULES. I understand that Blomeyer Health Fitness Center reserves the right to amend or add to these conditions and to adopt new conditions as it may deem necessary for the proper management of the fitness center and the business.

14. LEGALLY BINDING AGREEMENT. I understand that this enrollment is legally binding in its terms and conditions, whether my use of the facility and its services is determined and paid for on a monthly, yearly, or individual visit basis. This agreement, together with the waiver and the release of liability signed contemporaneously with this agreement, constitutes the entire agreement between the parties with respect to the subject matter hereof and may be changed or added to only by a written amendment signed by both parties.

ACCEPTED BY Blomeyer Health Fitness Center Member:

Member's Signature

Date

