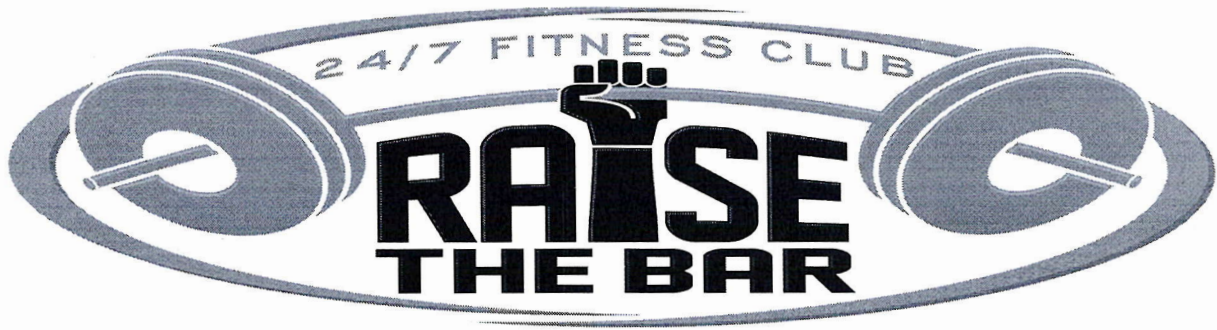


Please Contact Terri Hodges to get your gym key
270-978-1935 cell
terri@premierbuildings.us - email



325 WALNUT STREET FULTON, KY 42041

NEW MEMBER INFORMATION

Name _____

Address _____

Birthday _____ Phone Number _____

Emergency Contact _____ Phone Number _____

BILLING INFORMATION - FILL OUT ONLY IF YOU WANT AUTO PAY

PAID BY CITY OF FULTON

Name As It Appears on Card _____

Credit Card Number _____

Expiration Date _____ CVV Code _____

Street Address for Card _____



I certify that I am an authorized owner for the above referenced card and therefore authorize Raise The Bar or their authorized transaction agent to charge my card indicated about for the amount of \$_____ once a month or quarterly for membership fees starting on _____ and will continue until we are notified to stop payments

Signature _____ Date _____

Print Name _____

****Important Notice:** In order to cancel this recurring ACH/direct debit transaction, a notice of at least ten (10) business days prior to the next payment is required

RAISE THE BAR (RTB)

Gym Member Waiver of Liability and Release

I/We hereby understand and acknowledge that exercise, training and using fitness equipment and training programs, and events held by **RTB** are potentially hazardous activities and may expose me/us to many inherent risks, including accidents, injury, illness, or even death. This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (1) my/our use of all amenities and equipment in the facility and my/our participation in any activity, class, program, personal training or instruction, (2) the sudden and unforeseen malfunctioning of any equipment; (3) instruction, training, supervision, or dietary recommendations; (4) my/our slipping and/or falling while in the building, or on the premises, including adjacent sidewalks and parking areas; (5) contact with other participants; (6) the effects of the weather, including high heat and/or humidity; and (7) all other such risks be knows and appreciated by me/us.

Because physical exercise can be strenuous and subject to risk or serious injury, **RTB** urges me/us to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise event. I/We (each client, guest, and all participating family members) agree that if I/we engage in any physical exercise or activity, or use any gym amenity on the premises or off the premises, including the sponsored gym event, I/we do so entirely at our own risk. Any recommendation for changes in diet, including the use of food supplements, weight reduction and/or body building enhancement products are entirely my/our responsibility, and I/we should consult a physician prior to undergoing any dietary or food supplement changes. I/We agree that I/we are voluntarily participating in these activities and use of these facilities and premises and premises assume all risk of injury, illness or death. **RTB** is also not responsible for the loss of my/our personal property.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in this activity. I/We acknowledge that I/we are physically fit and mentally capable of performing the physical activity I/we choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my/our participation and **RTB** furnishing services to and me/us, I/we agree, for myself/ourselves and anyone entitled to act on my/our behalf to **HOLD HARMLESS, WAIVE AND RELEASE RTB**, it's owners, its officers, agents, employees, organizers, representatives, and successors from any and all claims or causes of action and I/we agree to voluntarily give up or waive any right that I/we may otherwise have to bring a legal action against the facility for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the facility, its agents and employees.

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect, and the offending provision or provisions severed here from.

By signing this release, I/we acknowledge that I/we understand it's content and that this release cannot be modified orally.

Participant's Name (Please Print) _____

Participant's Signature _____ Date _____

Emergency Contact _____ Phone _____

(Parent's signature if under 18 years of age)

I/We represent that I/we have legal capacity and authorize to act on behalf of the minor named herein

Parent/Guardian Signature _____ Date _____