

Start Date: _____

End Date: _____

ALLOY TRAINING AGREEMENT

Columbia Basin Racquet Club recommends that participants obtain a physician's examination prior to starting an exercise program.

POLICIES AND RULES:

1. Living Stronger, Foundations, Afterburn & Industrial Strength (Team Training) is unlimited.
2. Cancellation of Small Group (SGPT) sessions 24-hours in advance or more will be at no charge.
3. Cancellation of Small Group (SGPT) sessions 12 hours or less or a no-show will result in the session being forfeited.
4. A session begins at the agreed upon start time and last approximately 50-60 minutes.
5. The member's signature is required at the beginning of each training session. The trainer will provide the sign-in sheet.
6. The training is charged to the account monthly and represents a 30-day period.
7. All sessions will expire at the end of each month.

I agree that for the services of the Alloy Training Program, I promise to pay \$_____ per month plus tax upon signing this agreement which entitles me to:

3 Month Options

_____ 3 Month Unlimited Team Training **(\$64/per month)**

_____ 3 Month Unlimited Small Group Training **(\$180/per month)** *Includes Unlimited Team Training*

_____ 3 Month 2 x week Small Group Training **(\$125/per month)** *Includes Unlimited Team Training.*

_____ 3 Month 1 x week Small Group Training **(\$89/per month)** *Includes Unlimited Team Training.*

6 Month Options

_____ 6 Month Unlimited Team Training **(\$59/per month and 50% off MYZONE belt)**

_____ 6 Month Unlimited Small Group Training **(\$169/per month and 50% off MYZONE belt)**
Includes Unlimited Team Training.

_____ 6 Month 2 x week Small Group Training **(\$115/per month and 50% off MYZONE belt)**
Includes Unlimited Team Training.

_____ 6 Month 1 x week Small Group Training **(\$80/per month and 50% off MYZONE belt)**
Includes Unlimited Team Training.

12 Month Options

_____ 12 Month Unlimited Team Training **(\$54/per month and includes a FREE MYZONE belt)**

_____ 12 Month Unlimited Small Group Training **(\$150/per month and includes a FREE MYZONE belt)**
Includes Unlimited Team Training.

_____ 12 Month 2 x week Small Group Training **(\$104/per month and includes a FREE MYZONE belt)**
Includes Unlimited Team Training.

_____ 12 Month 1 x week Small Group Training **(\$74/per month and includes a FREE MYZONE belt)**
Includes Unlimited Team Training.

12 Month Agreement will continue month to month after initial 12 month term; 30 day cancellation required.

Start Date: _____

End Date: _____

I understand that there are no cancellations or refunds and that the sessions are not transferable (initial to confirm agreement) _____. I UNDERSTAND THAT I MAY CANCEL THIS CONTRACT WITHOUT PENALTY OR OBLIGATION WITHIN THREE (3) BUSINESS DAYS FROM THE DATE OF SIGNING BY GIVING NOTICE BY MAIL OR IN PERSON AT COLUMBIA BASIN RACQUET CLUB IN WHICH CASE I WILL BE ENTITLED TO A FULL REFUND.

ASSUMPTION OF RISK: I, _____, assume any responsibility of and/all personal injury/damage which may be attributed to a program of physical exercise. I accept responsibility for requesting exercise assistance at Columbia Basin Racquet Club. To my knowledge, I do not have any limiting physical condition or disability which would interfere with an exercise program. I have been informed of the need for a physician's approval before participating in any exercise program. I am aware of the effect that taking any drugs or medications; including, but not limited to, alcohol, diet pills, cold medicine, tranquilizers, antidepressants, caffeine, beta blockers, diuretics, and anti-hypertensives, may have on exercise, especially heart rate, and I have discussed this with my doctor.


Clients Name _____ Membership # _____

Clients Email _____

Clients Signature _____ DATE _____

Parent/Guardian Signature _____ DATE _____

Received By _____ DATE _____

	<p>Columbia Basin Racquet Club 1776 Terminal Drive Richland, WA 99354 (509) 943-8416 Fax (509) 943-8419 morganfewel@my-cbrc.com</p>
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