



Member Name _____

CLUB POLICIES

CLUB USAGE

As a member of JUST FITNESS 24/7, you may use the club anytime, day or night, 24-hours a day. There is no limit on how often you use the club. There is a \$10 fee to replace lost or damaged cards.

GUEST POLICY

You are invited to bring a guest to the club only during staffed hours. The guest will need to fill out a onetime guest registration form and waiver, and pay a \$10 guest fee. Any member giving access to a non-member during non-staffed hours is subject to forfeit their membership. Abuse of the guest policy will result in a termination of membership and a \$99.00 fine. _____

SAFETY AND SECURITY

Just Fitness 24/7 is under 24-hour video recorded surveillance. A courtesy telephone is provided for member use and for emergencies. The club's address is posted next to the telephone. Individuals with health problems should never exercise alone. **Please DO NOT admit individuals who do not possess a membership card into Just Fitness 24/7.** To do so poses a security risk for you and other members, is a violation of club policy, and subject to a \$99 fine. _____

DECLINE FEE

There is an additional \$10 fee that will be automatically charged to your account if a decline or insufficient funds occur during a billing cycle. _____

EQUIPMENT USAGE

New members may sign up for a FREE fitness orientation that will instruct you on the usage of the equipment. Additionally, if at any time you have questions about the safe use of any of the equipment, please contact any of our staff or personal trainers. When using free weights, be sure to use a spotter. Please return all free weights to racks when finished and use a towel to wipe down the equipment after use. During busy times, please allow others to work-in with you on equipment and limit your time on the cardio machines to a reasonable duration when other members are waiting. _____

PROPER ATTIRE AND HYGIENE

Wearing exercise clothing such as shorts, sweats, tank tops, and athletic shoes will help to make your workout more enjoyable. Shirts and shoes must be worn at all times in the facility and jeans are not permitted due to wear and tear on the exercise padding. For your safety, street shoes, open toed sandals, boots, and excessive jewelry are not permitted. Clean workout clothing is required and modest clothing is preferred. _____

LOST OR STOLEN ITEMS

Just Fitness 24/7 is not responsible for the lost or stolen items. If you feel you have left something in error, please notify the club and we will be happy to look for you. _____

AGE REQUIREMENTS

We encourage each of your family members to exercise. However, because of liability reasons, ages 11 and under are not allowed to use or be on any piece of equipment at any time. Ages 12-14 may use equipment with parental supervision at all times. Ages 15 – 17 may obtain individual memberships with a signed parental consent form or if they are under a family membership plan they may workout without parental supervision with a signed parental consent form. _____

FAMILY MEMBERSHIP

I agree to make known the above policies to each member of my family and that they will adhere to each of these policies of Just Fitness 24/7. _____

***PLEASE READ & SIGN WAIVER ON BACK**

WAIVER

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in exercise activities at JUST FITNESS 24/7, to use its' facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge JUST FITNESS 24/7 and its owners, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above-mentioned activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of JUST FITNESS 24/7 or the use of any equipment at JUST FITNESS 24/7.

(Please initial _____)

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial _____)

3. I understand that JUST FITNESS 24/7 is a facility that allows members' access to its services at all times. I understand that the facility will not always have an employee present and that I assume all risks involved by exercising on my own at the facility.

(Please initial _____)

4. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please initial _____)

Signature _____ Date _____

Printed Name _____