



**City of Blanding
San Juan Wellness Center
Membership Agreement / Application**

Membership Start Date: _____

Member's First Name Last Name

_____ **M / F**
Date of Birth (Circle)

Mailing Address

City State Zip Code

Home Telephone No.

Cell Number

Spouse's Cell Number:

Email Address

Member's Employer Information:

Employer's Name

_____ **City State Zip Code**

Work Number

Member's Spouse

_____ **M / F**
Date of Birth (Circle)

_____ **M F** ____/____/____
Child's Full Name Date of Birth

_____ **M F** ____/____/____
Child's Full Name Date of Birth

_____ **M F** ____/____/____
Child's Full Name Date of Birth

_____ **M F** ____/____/____
Child's Full Name Date of Birth

_____ **M F** ____/____/____
Child's Full Name Date of Birth

_____ **M F** ____/____/____
Child's Full Name Date of Birth

Spouse's Employer Information:

Employer's Name

_____ **City State Zip Code**

Work Number

1. Membership Type:

Family - Husband, wife and dependent children.

Couple - Husband and wife

Individual - Parental consent required for primary members under 18 years of age.

Senior - Age 65 and older

2. Membership Term and Payment Schedule:

Month to Month

Member understands that this type of membership is considered to be on a month to month basis until Member as noted below or Blanding City cancels membership. Member has opted for this type of membership instead of a membership with a one year commitment which is a less expensive option. **All requests for cancellation must be made in writing at least thirty (30) days in advance of the effective cancellation date for all open ended month to month agreements.** Payments are due by the 10th of the month.

Beginning _____ 20____, and ending the last day of _____, 20____, I promise and agree to pay \$_____ per month, including sales tax. Payments are due by the 10th of the month

I have paid for my Month to Month Contract term in Full. Period beginning _____ 20____, and ending the last day of _____, 20____. Total Paid \$_____

Annual Contract

Beginning _____ 20____, I promise and agree to pay twelve (12) consecutive monthly installments for monthly dues in the amount of \$_____, including sales tax. Payments are due by the 10th of the month. Cancellation prior to the completion of the 12-month terms will be considered if the undersigned has moved more than 30 miles (**with proof of move**) or if permanent medical disability (**with medical excuse form**) prohibits the participation at the San Juan Wellness Center. **If no written notice given, then this contract is automatically renewed for one year.** Remember, written notice of cancellation must be given in the last month of the 12 Month Agreement, if you do not intend to continue participating in the program.

I have paid for my Annual Contract in Full. Period beginning _____ 20____, and ending the last day of _____, 20____. Total Paid \$_____

3. Waiver & Release of Liability: Our complex provides swimming, aerobics, dance, basketball, volleyball, and walking/running track, weights, fitness equipment, other physical exercise type class offerings and fitness care areas.

All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the member's sole risk. Members understand that the agreement to use, or selections of exercise programs, methods and types of equipment shall be member's entire responsibility, and Blanding City shall not be liable to members for any claims, demands, injuries, damages, or actions arising due to injury to member's person or property arising out of or in connection with the use by members of the services, facilities and premises of Blanding City.

Blanding City urges all members to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class.

Member and Members dependent children hereby holds Blanding City, its officers, owners, agents and employees harmless from all claims which may be brought against them by member or on member's behalf for

any such injuries or claims. Blanding City is not responsible for any liability arising out of babysitting activities.

4. Cancellation. If by reason of death or permanent disability, the buyer is unable to continue the membership, buyer or buyer's estate shall be relieved from the obligations of this contract, and if buyer has prepaid any sum, that amount shall be promptly refunded. **Should member permanently move their residence more than 30 miles from the area payment on this agreement shall be suspended upon payment of the appropriate cancellation fee equal to one month's dues and legitimate verification of the move.** Memberships that roll over to a month-to-month require a 30-day written notice to cancel.

5. Facility Rules, Policies and Procedures: All Members and Members dependent children agree to follow San Juan Wellness Center rules, policies and procedures as promulgated from time to time. Violation of these rules may be the cause for suspension or cancellation of membership.

6. Default / Late Payment / Lost Card. Should you default on any payment obligation as called for in this agreement, the entire remaining balance shall be deemed due and payable upon demand, and you agree to pay allowable interest, and all cost of collection, including but not limited to collection agency fees, court costs, and attorney fees. Should any monthly payment become more than 15 days past due, your electronic pass will be deactivated and you will be charged a \$15.00 late fee to cover additional administrative expenses and to reactivate your card. A \$25.00 fee will be charged on all returned payments. Payments that are past due over sixty (60) days will be turned over to a collection agency. I also agree to pay any fees or expenses Blanding City incurs in collecting any balance due on my account, including attorney's fees, collection agency fees and cost of collection. A fee of \$10 will be charged to replace a lost electronic pass card.

_____	_____
Member's Signature	Date
_____	_____
Member's Spouse Signature	Date
_____	_____
Adult Dependent Signature	Date
_____	_____
Adult Dependent Signature	Date
_____	_____
Parent/Guardian Signature (if primary member is under 18 years of age parent/guardian signature is required)	Date
_____	_____
Blanding City Representative	Date

Note: All adult members 18 years of age and older are required to be a signatory on the agreement.

ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT

Bank Draft or Credit Card Authorization

I, _____ authorize my bank to make payments to the City of Blanding by the method indicated below and post it to my account. (*Must attach cancelled check.)

BANK DRAFT

Type of Account: _____ Checking _____ Savings

Name on Account

Bank Name

Routing Number

Account Number

Authorized Signature

Date

CREDIT CARD

Visa

Master Card

Discover

American Express

Name As It Appears On Card

Account Number

Expiration Date

Security Code

Authorized Signature

Date