

Jackson Fitness Membership Agreement

Enrollment Date: _____

Member No. _____

Membership Type _____

Date Range _____ to _____

Staff Please Check off below:

CC Processed _____ Recurring Payment set _____

Ease-E-Club Completed _____ Picture _____

Your Payment Schedule will be:

Start Up Fee	Number of Payments	Amount of Payments	When Payments are Due
			Your first payment is due on _____ And on the same date of each month thereafter

Late Charge: You will be charged \$5.00 if a payment is not made within 10 days after it is due.

Prepayment: You have the right to prepay any and all recurring payments before they are due.

Authority to withdraw funds is hereby granted : _____ (Member's initials) Method of draft: Check ☐ MasterCard ☐ Visa ☐ Cash

MEMBER INFORMATION

Last Name	First Name	Middle Initial	Date of Birth	Age
Mailing Address				
City/State & Zip			Cell Phone #	
Email address			Work Phone #	
In Case of Emergency Contact		Relationship	Emergency Phone#	

PAYMENTS ARE DUE AND PAYABLE EACH MONTH REGARDLESS OF ATTENDANCE.

In consideration of the extension of membership privilege, I (or we) promise to pay the Jackson Fitness at Antilles School as defined by the membership plan.

Member agrees to keep and obey all rules and regulations now in force or in the future prescribed by Jackson Fitness at Antilles School.

Member has no medical or physical condition or history which would prevent them from using all or any of Jackson Fitness at Antilles School's equipment and/or services and/or endanger myself or others. Member has not been instructed by any physician not to use any of the facilities, equipment and/or services.

Under the default in the payment of any recurring payment, the holder of this note may at its option declare all unpaid recurring payment due hereunder. We reserve the right to refuse service in the default of any recurring payment.

Jackson Fitness at Antilles School reserves the right to cancel membership agreement.

If Jackson Fitness at Antilles School cannot operate due to a natural disaster, all memberships will be placed on hold until the center can reopen. No refunds will be provided.

At the expiration date of the agreement, this membership will automatically be renewed monthly at the current membership rate.

Member may cancel this agreement without penalty if they relocate out of the territory, with documentation.

Member may place membership on hold up to 3 months, if they become significantly physically or medically disabled. Member must provide documents from a physician.

If the member wishes to cancel this agreement, they may cancel by email to jacksoncomplex@antilles.vi. The member must give notice, in writing that they do not wish to be bound by the agreement. The notice must be delivered 15 business days before next scheduled payment. If you cancel this agreement before your commitment period expires for reasons other than stated above, you will be charged a cancellation fee of \$200. You can refer to Jackson Fitness at Antilles School Management for any additional information about prepayment refunds, non-payment, default and required payment in full before the schedule date. **INITIALS** _____

I understand and appreciate that there are inherent risks involved in all such physical activities and in signing this Waiver, I acknowledge such risks and herein agree to indemnify and hold harmless Jackson Fitness at Antilles School for any injury to me or loss or damage to my personal property arising from, or in any way resulting from, my participation in this activity, unless such injury, loss or damage is caused by the willful or intentional misconduct or sole negligence of Jackson Fitness at Antilles School while acting within the scope of its duties and responsibilities. I have read and agree to the terms and conditions of this Membership Agreement:

Signature (18 years and older)

Date

Print Name

What would you like to see at Jackson Complex?

Parental/Guardian Signature (if member is under 18 years and older)