



6450 E. CAVE CREEK ROAD, #205
 CAVE CREEK, ARIZONA 85331
 (480) 488-0444 FAX (480) 488-6519
www.blackmountainfitness.com

Enrollment Date: _____

PRIMARY BUYER (financially responsible party)

Full Name _____
 Mailing Address _____
 City, State, Zip _____
 Phone: _____ (home / cell / work)
 Phone: _____ (home / cell / work)
 DOB ____/____/____
 Email: _____

ADDITIONAL MEMBER(S)

Full Name: _____
 Phone: _____ (home / cell / work)
 DOB ____/____/____
 Email: _____
Full Name: _____
 DOB ____/____/____
 Email: _____

MEMBERSHIP TYPE

Daily (\$10)

Weekly (\$30)

**Student / Armed Forces
 Veteran / First Responder**
 \$50/mo

Monthly:
 Individual @ \$60/mo
 Couple @ \$110/mo

Family (3) @ \$135/mo

Initials

Separate Parent/ Guardian Release Of Liability Required If Under Age Of 18

PAYMENT:

Automatic Monthly Debit/Credit

Card #: _____

Exp. Date: _____

Name on Card: _____

Type: Visa MC AmEx

I authorize Star 101 Lifestyle, LLC, dba Black Mountain Fitness to charge my credit/debit card \$ _____ (or the then current membership rate) on the 1st day of each month.

AUTOMATIC RENEWAL/CANCELLATION POLICY: Membership automatically renews on a month-to-month basis. Cancellation requires a 30-day written notice. If notice is given less than 30 days from Enrollment Date, member will be charged for that month.

Note: Your Credit Card Number (Except Last 4 Digits) Will Be Redacted On This Form After Entry Into Our Credit Card Processing System.

Authorized Signature

Date

INITIALS & SIGNATURE(S) REQUIRED ON BACK

Please initial that you have read and understand the following important information:

LATE FEE: If the club is unable to collect monthly dues for any reason, the club will double-bill your account the following month plus impose a late fee of \$10.00 without further notice to member.

DELINQUENT ACCOUNTS: Members failing to make payment within sixty (60) days will be classified as delinquent and will be responsible for all collection costs including attorney and other collection fees. Should member default on agreement prior to the expiration date, BLACK MOUNTAIN FITNESS is hereby authorized to charge member's account for the balance of the agreement.

CONDITIONS OF MEMBERSHIP: Primary Buyer and/or Parent/Guardian acknowledge receipt of "Conditions of Membership" provided on separate sheet and by signing below certifies that he/she read and understood these "conditions" and waives all rights to claims for negligence, and gross negligence product liability, and agrees to its terms.

RELEASE OF LIABILITY

In consideration of my use of the exercise equipment and facilities provided by STAR 101 LIFESTYLE LLC, dba BLACK MOUNTAIN FITNESS, I do hereby waive, release, and forever discharge STAR 101 LIFESTYLE, LLC, dba BLACK MOUNTAIN FITNESS and its officers, agents, employees, representatives, executors, and all others from any and all responsibility or liability from injuries or damages resulting from my participation in any activities or use of equipment or machinery. 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 the use of any equipment.

(Primary Buyer initials Add'l Member(s) initials)

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.

(Primary Buyer initials Add'l Member(s) initials)

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 herein after stated:

Primary Buyer initials Add'l Member(s) initials

I do hereby acknowledge that I have been informed by STAR 101 LIFESTYLE, LLC, dba BLACK MOUNTAIN FITNESS that it is strongly recommended I obtain a physician's approval for 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 yearly or more frequent physical examinations and consultations 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.

Person(s) to Contact in case of emergency: _____ Telephone #: _____

Relation to Member: _____ Alternate Telephone #: _____

THIS IS THE RECEIPT FOR THE PRIMARY BUYER OF WHICH A COPY WILL BE PROVIDED UPON REQUEST.

Primary Buyer _____ Add'l Member _____
(SIGN HERE)

Dated: _____ Add'l Member _____

COMMENTS:

NON-REFUNDABLE

Office Use Only

Amount Received: \$ _____

Method of Payment: _____ Credit/Debit Card

Payment rec'd by: _____