



MEMBERSHIP APPLICATION

1. STAR Fitness Member(s) Information

Today's Date:		Phone #	
First Name		Last Name	
Address		City, State	
Birthdate		Zip Code	
Email			

Do you give consent to receive information from STAR Fitness via email/text message? (YES/NO)

Emergency Contact Name & Phone # _____

2. STAR FITNESS Membership Options (Circle All that Apply)

Single Monthly Membership: \$45 per month plus \$25 Enrollment Fee

Couple Monthly Membership: \$80 per month plus \$50 Enrollment Fee (\$25 Per Person)

Single YEARLY Membership: \$450 paid in full - NO Enrollment Fee

Couple YEARLY Membership: \$850 paid in full - NO Enrollment Fee

Silver Sneaker (Insurance Program)

***** There are NO REFUNDS on yearly memberships***
DISCOUNTS FOR MILITARY AND FIRST RESPONDERS W/
VALID I.D**

ALL MEMBERSHIPS INCLUDE

- **Infrared Saunas**
 - **Tanning**
 - **Yoga**
- **Recovery Lounge**

3. MEMBERSHIP TERMS & CONDITIONS - WAIVER & RELEASE

Acknowledgement of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks. I acknowledge and understand that participation in such activity:

I may be injured, physically or mentally, or may die.

My personal property may be lost or damaged.

Other persons participating in such activity may cause me injury or may damage my property

I may cause injury to other persons or damage their property

The conditions in which the activity is conducted may vary without warning

I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of STAR Fitness Gym

There may be no or inadequate facilities for treatment or transport of me if I am injured

I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

Release and Indemnity

I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless STAR Fitness Gym, Star Fitness' servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

Administration

Appropriate covered footwear & a shirt must be worn at all times while in the gym facility.

Memberships are not refundable or transferable. I understand that in the instance that I do not pay my membership on time it can be canceled at any point thereafter the payment date.

All weights and equipment must be put back after use.

Photo ID cards (i.e. student card or drivers license) must be carried and shown upon request.

Shared gym access with a non-member will result in forfeiture of membership effective immediately.

Each member must respect other gym users and behave in an appropriate manner at all times.

STAR Fitness reserves the right to rescind the rights of members not complying with the terms and conditions of the membership.

4. MEMBERS DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, understand and hereby agree to the terms and conditions of membership as defined in Section 3 of this membership form and know that it affects my legal rights.

I agree to pay the following membership rates I have chosen until I cancel my membership in person.

Membership Rate: _____

(NOTE, THERE WILL BE A \$20 DOLLAR REACTIVATION FEE FOR EACH EXPIRED or LOST STAR FITNESS KEY FOB)

I certify that I have read the foregoing Membership Agreement, and that by signing below, I acknowledge that I understand and agree to be bound by all of the term and conditions hereof. All yearly memberships non-refundable.

Signature _____ Date: __/__/__

STAR Fitness Representative _____ Date: __/__/__

WIFI: Netgear78
Password: magicaltulip636

Tanning Bed/Sauna Release Form

Have you ever tanned inside before?

YES

NO

Do you tan easily?

YES

NO

Do you have a tendency to burn? YES NO Do you have any allergies to sunlight? YES NO
Do you wear contacts? YES NO Have you ever had a sunburn? YES NO
Have you ever been advised by a doctor to stay out of the sun? YES NO
Do you have uncontrolled high blood pressure? YES NO
Are you currently taking diuretics, barbiturates, beta blockers, anti-histamines? YES NO
Do you have any heart issues? YES NO
Do you have a pacemaker or defibrillator? YES NO
Are you pregnant? YES NO
Do you have a history of dizziness, fainting spells, heat sensitivity, narcolepsy or seizures? YES NO
Do you suffer from any bleeding disorders? YES NO

Please Circle your skin type:

Always burn, never tan *usually burn, sometimes tan* *sometimes burn, usually tan* *never burn, always tan*

Please adhere to the following guidelines when tanning:

- 1 - Avoid over exposure. Over Exposure can cause eye and skin injury, also allergic reactions. Repeated over exposure has been known to cause premature aging and skin cancer.
- 2 - Please inform us at STAR Fitness if you are taking any sun sensitive medications. Some medications or cosmetics may increase your sensitivity to UV rays. Please consult a physician if you are taking any such medications or have a history of skin problems or believe yourself to have sensitivity to sunlight.
- 3 - Wear protective eye wear at all times. Failure to do so may result in severe burns or injury to the eyes.
- 4 - I verify with my signature that I am of the age of 18 or older as required by State of Tennessee Law. If 17 years of age or younger, a parental or guardian signature must accompany this form. 14 years of age or younger is not allowed use of any tanning beds at STAR Fitness.
- 5 - I understand and have been made aware, under Tennessee State Law, I am only allowed to tan once in a 24-hour period.
- 6 - If you are pregnant or if there is any chance that you might be pregnant then you should NOT tan. Tanning while pregnant may be hazardous to your health.

I HAVE BEEN GIVEN INSTRUCTIONS FOR THE PROPER USE OF THE EQUIPMENT AND I WILL USE IT AT MY OWN RISK. I HEREBY RELEASE STAR FITNESS, THE OWNERS, OPERATORS, TEAM MEMBERS, & MANUFACTURERS FROM ANY DAMAGES THAT MIGHT INCUR DUE TO THE USE OF THESE TANNING UNITS AND STAR FITNESS.

MEMBER SIGNATURE



Debit/Credit Card Information

e Circle) Card Type: Mastercard VISA Discover American Express

Cardholder Name (Shown on Card) _____

Card # _____ Exp. Date (mm/year) _____ CVV _____

Cardholder Zip Code (from debit/credit card billing address) _____

_____, authorize STAR FITNESS to charge my debit/credit card above for agreed fees. I understand that my information will be saved on file for future transactions on my account.
