



MEMBERSHIP APPLICATION

I. Star Fitness Member(s) Information: BOTH if Applicable

Today's Date:		State:	
First Name:		Zip Code:	
Last Name:		Birthdate:	
Address:		Phone #:	
Email: <small>(required for receipts)</small>			

Emergency Contact Name & Phone Number: _____

2. Star Fitness Membership Options: (CHECK all that apply)

- Single Monthly Membership: \$40/month plus one time \$20 enrollment fee**
- Couple Monthly Membership: \$70/month plus one time enrollment fee of \$20/person**
- Single Yearly Membership: \$400 paid in full- NO Enrollment Fee**
- Couple Yearly Membership: \$750 paid in full- NO Enrollment Fee**
- Family Add on: \$30/month**
- Child Add on (15 and under) : \$25/month**
- Silver Sneakers/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 Access

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.

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: __/__/__



Debit/ Credit Card Information:

(Please 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) _____

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

*****Each Member's account will be auto-drafted monthly or yearly until canceled in person.**