



NEW MEMBERSHIP AGREEMENT

Date: _____

MEMBER DETAILS

First Name: _____ Last Name: _____

M.I. _____

Sex: Male Female

Date of Birth: ____ / ____ / ____ (MM/DD/YY)

Mailing Address:

Email Address:

Contact Numbers: Home: _____ Mobile: _____ Work:

EMERGENCY CONTACT

Contact Person: _____ Relationship:

Contact Numbers:

MEMBERSHIP TYPE & TERM

Individual
 Military/1st Responders

Seniors (55+) _____ Name of Corporate / Government Entity

Student
 Corporate/Government

Family _____ Family Name

_____ Term: (1 Month / 3 Months / 6 Months / 1 Year / Other)

\$ _____ Term Monthly Rate

\$ _____ Registration Fee

1807 Army Drive, Route 16, Unit 8, Tamuning, Guam 96913
Office: 633-CFLS (2357) / email: crossfitlittestone@gmail.com
www.crossfitlittestone.com

PAYMENT AGREEMENT

- Dues are paid in advance on the **1st day** of each month.
- New memberships are prorated for the first month.
- Dues paid after the **5th day** of the month will be subject to a **\$10 late fee**.
- Memberships 30 days past due will be sent to collection agency.
- Bounced or declined payments will be subject to a **\$25 service fee**.
- All membership cancellations will be charged a **\$75 cancellation fee**.

I understand that membership dues are non-refundable, paid in advance of service and that my membership will be automatically renewed at the end of each term at the current rate unless otherwise noted in writing. I also agree to pay listed fees for late and/or declined payments.

Signature _____ Date Signed _____

ACKNOWLEDGMENT OF RISKS, INJURY & OBLIGATIONS

I acknowledge that CrossFit could be a dangerous activity and that by participating in it I am exposed to certain risks. I acknowledge and understand the following:

- ✓ I may be injured;
- ✓ 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
- ✓ 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 CrossFit.

RELEASE AND INDEMNITY

I participate in CrossFit at my sole risk and responsibility. I release, indemnify and hold harmless CrossFit Latte Stone, its 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.

AUTOMATIC PAYMENT AUTHORIZATION

Card Number: _____ Expiration: _____ Billing ZIP Code: _____

AUTHORIZATION FOR CREDIT, DEBIT AND AUTOMATIC DRAFT PAYMENTS

I authorize the purchase of services/merchandise from CROSSFIT LATTE STONE using this Credit Card Authorization Form. I agree that I will pay for this purchase, indemnify, and hold CROSSFIT LATTE STONE harmless against any liability pursuant to this authorization.

I understand that my signature on this form will serve as authorized signature for each automatic payment.

Member Name (print/sign) _____