

Hamilton Fitness Community Membership Agreement

Contact Information: Kat Clewley 905.869.8284 hamiltonfitnesscommunity@gmail.com

First name

Last name

Middle initial

Street address

City/Province

Postal code

(_____) _____ work home cell
Primary phone number

(_____) _____ work home cell
Secondary phone number

Birth date: _____ Month _____ Day _____ Year

Email address

Emergency contact - name

Emergency contact – phone number

How did you hear about Hamilton Fitness Community?

Hamilton Fitness Community Membership Rates:

- Fall 2020 \$30/month
- Fall 2020 \$115/4 months
- Fall 2020 \$5 Drop-In

PAYMENT METHOD: E-Transfer Credit Card Cash Cheque

PAYMENT AUTHORIZATION:

You, the person whose name appears on the payment method is the account holder by the signature immediately following this paragraph authorized by Hamilton Fitness Community to withdraw or accept from your account identified above (the "Membership Rate") any and all amounts payable by the above named member. Payers confirms they are at least 18 years of age. You agree to notify Hamilton Fitness Community of any changes to your account.

Date

Signature

PHOTO CONSENT:

I hereby consent and agree that Hamilton Fitness Community has the right to take or use photographs of me (and/or my property) and to use these in any and all media, including online, now and hereafter known, and for any purpose related to Hamilton Fitness Community. I hereby release to the photographer all rights to exhibit this work in print and electronic form publicly or privately and to market copies for Hamilton Fitness Community. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Date

Signature

RELEASE, WAIVER AND INDEMNITY:

In consideration of the acceptance of my registration and permission to participate in a Hamilton Fitness Community class, I myself and my heirs, executors, administrators, successors and assigns HEREBY RELEASE WAIVE, AND FOREVER DISCHARGE Hamilton Fitness Community and all other associations, sanctioning bodies and sponsoring companies and their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ANY AND ALL claims, demands, damages, costs, expenses, actions and causes of action, whether by law or equity, in respect of death, injury, loss of damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been to, or occasioned by, the negligence of any of the aforesaid.

Kat Clewley, owner and operator of Hamilton Fitness Community, is a REGISTERED HEALTH AND EXERCISE PRACTITIONER with the Ontario Fitness Council.

I FURTHER UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

I WARRANT that I am physically fit to participate in these events with Hamilton Fitness Community.

BY SUBMITTING this FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above RELEASE, WAIVER AND INDEMNITY.

Date

Signature