



# Membership Application

## MEMBER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CHOOSE YOUR MEMBERSHIP

Pilates Reformer	Group Fitness
Unlimited / 3 Months \$189	Unlimited / 3 Months \$119
Unlimited / 6 Months \$179	Unlimited / 6 Months \$109
Unlimited / 12 Months \$169	Unlimited / 12 Months \$99
8 Classes / 3 Months \$139	8 Classes / 3 Months \$109
8 Classes / 6 Months \$129	8 Classes / 6 Months \$99
8 Classes / 12 Months \$119	8 Classes / 12 Months \$89

## MEMBERSHIP BENEFITS

Most membership benefits are built-in to your contract, so there's no need to contact the studio to take advantage of them! You only need to contact us about freezing or upgrading your membership.

- ✓ Receive the lowest price per class
- ✓ Waiting list priority
- ✓ Get 10% OFF privates or classes not covered by your membership
- ✓ No late cancellation fees (unlimited memberships only!)
- ✓ Attend our monthly Myofascial Release class for FREE (\$22 value)
- ✓ Freeze your membership for 7 days for \$15, up to 8 weeks
- ✓ Upgrade any membership, anytime

## CREDIT/DEBIT CARD INFORMATION

Name on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

CONTINUE >>>

# Membership Contract Agreement & Credit/Debit Card Charge Authorization Form

By signing this agreement, I, hereby acknowledge and agree that I am willingly entering into a contractual agreement with All Wellness, LLC, for the purpose of purchasing a discounted recurring monthly All Wellness group class membership for a period of \_\_\_\_\_ months (hereinafter the "Membership"). I understand and agree that my purchase constitutes my intent to be bound under this contract starting today, \_\_\_\_\_ and running through \_\_\_\_\_, as well as my agreement and acceptance of all terms and relevant provisions contained herein. Similarly, I am certifying that I am the holder of the credit card used in this transaction and that I have read and agree with all of the terms and conditions as set forth below:

**PAYMENT OF MONTHLY DUES:** I hereby agree to pay for my Membership via a total of \_\_\_\_\_ monthly payments of \_\_\_\_\_ each, and specifically authorize All Wellness to automatically debit/charge my stored credit card once per month, on or around the 1<sup>st</sup> of each month, in order to collect such payments from me. I understand that if at any point my Membership is frozen as specified below, the duration of my contract shall be extended to reflect the length of the freeze. I similarly understand and acknowledge that this Agreement is non-transferrable, non-refundable, and that it may not be cancelled except in the following instances: relocation outside of Chittenden County, VT, death, or permanent disability.

**MEMBER INITIALS:** \_\_\_\_\_

**CANCELLATION POLICIES:** If during the original term of this contract you relocate outside of Chittenden County, VT you may cancel this agreement by providing fourteen (14) days written notice to All Wellness and proof of relocation in the form of a phone or utility bill. Any prepaid dues will be prorated and refunded, minus a **twenty-five dollar (\$25) cancellation fee**. If you die or become permanently disabled you or your estate may cancel this agreement by providing written request to All Wellness. Any prepaid dues will be prorated and refunded and no cancellation fee will be charged.

**MEMBER INITIALS:** \_\_\_\_\_

**AUTO RENEWAL:** I understand that my membership will automatically renew after \_\_\_\_\_ months, and that after this initial term is up I may cancel my membership at any time by providing written notice to All Wellness at least fourteen (14) days prior to my next scheduled payment.

**MEMBER INITIALS:** \_\_\_\_\_

**REJECTED PAYMENTS:** I specifically acknowledge that I understand and agree that if for any reason any one or more payment of mine should fail to authorize for any reason, I will be immediately notified and that a **fee of fifteen dollars (\$15)** will be applied and charged to me if the debit/credit card on file is not updated within seven (7) days. Similarly, I understand and agree that if a scheduled payment of mine should fail as above, I am required to present an alternative form of payment in the form of a new debit/credit card to All Wellness within twenty-four (24) hours of the rejected payment. I further agree to notify All Wellness no less than fourteen (14) days in advance of any change to my credit/debit card account so as to prevent this fifteen dollar (\$15) fee from being incurred.

**MEMBER INITIALS:** \_\_\_\_\_

**FIRST COME FIRST SERVE:** I understand that my Membership entitles me to attend \_\_\_\_\_ classes per month at All Wellness while my Membership is active. I specifically acknowledge that my Membership does not guarantee me a spot in any All Wellness class and that I must reserve myself a spot in each class on-line, by telephone, or by email, in order to guarantee my reservation.

**MEMBER INITIALS:** \_\_\_\_\_

**ADDITIONAL CONDITIONS:** I understand that from time to time All Wellness may offer workshops or other classes that are completely separate from my Membership and that if I wish to attend such events, I must pay for them separately. I understand that All Wellness has reserved the right to cancel classes as necessary and to temporarily close the studio if needed for reasons including but not limited to major holidays, repairs, inclement weather, studio functions, emergency illness, etc. and I acknowledge that such a cancellation or closed business day will not result in a credit to me or an extension of my package. I also understand and agree that I must cancel any class reservation according to the All Wellness' class cancellation policy. In the event that I do not cancel my reservation in time, I understand that my class will be forfeited. I understand that any unused classes will not roll over to the next month.

**MEMBER INITIALS:** \_\_\_\_\_

**FREEZING MY MEMBERSHIP:** I understand and agree that I may freeze my membership for up to eight (8) weeks at a cost of **fifteen dollars (\$15) per seven (7) days**. All freezes must be for a minimum of seven (7) days, must have a return date specified upon the outset, and must be paid for upfront. Each seven (7) day period must be consecutive and no credit shall be given for any unused days. For example: for a seven (7) day freeze, my account will be charged fifteen-dollars (\$15); for a fourteen (14) day freeze, my account will be charged thirty-dollars (\$30); for a twenty (21) day freeze, my account will be charged forty-five dollars (\$45). I understand that freezing my account requires that I provide All Wellness a minimum of five (5) days written notice and I understand that retroactive freezes are NOT permitted under any circumstances. I further understand and acknowledge that the duration of this contract will be extended by the amount of each freeze.

**MEMBER INITIALS:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



All Wellness Physical Therapy & Pilates  
128 Lakeside Avenue  
Burlington VT 05401  
(802) 863-9900 / info@allwellnessvt.com  
<http://www.allwellnessvt.com>

# Studio Policies & Waiver of Liability and Informed Consent

**FINANCIAL:** All sales are final; no refunds will be given for any reason.

**CANCELLATIONS:** For private sessions or physical therapy - please give **24 hours notice**. Appointments cancelled with less than 24 hours notice will be a **\$90 late fee**. For group classes - please give **6 hours notice** to cancel. Classes cancelled with less than 6 hours notice will be forfeited.

**CLASS SCHEDULE & STAFFING:** Our group class schedule and staff availability are subject to change without notice. Please understand that your favorite class time or instructor may become unavailable and that no refunds will be given.

**INCLEMENT WEATHER:** All Wellness does not follow local school closings. We will notify all scheduled clients/patients via phone and/or email in the event that we close due to inclement weather.

## WAIVER OF LIABILITY AND INFORMED CONSENT

I have enrolled in a program offered at All Wellness, LLC. I have been advised and I understand that participation in this program, like any physical conditioning activity or exercise program, presents some unavoidable risks of injury, especially to people who have pre-existing injuries, illness or medical conditions. I understand that the use of Pilates exercise equipment also carries with it a risk of injury.

The potential and known risks of exercise and use of exercise equipment include, but are not limited to: Muscle and connective tissue tears, tension, spasm, pain, swelling, bruising, discomfort; skeletal tissue fractures, joint compression, excessive range of motion, back pain; cardiac conditions, high blood pressure, elevated heart rate, blood pooling, chills, incontinence, inter-abdominal pressure; nausea, dizziness, blackout, headache, low blood sugar, dehydration. Any existing known and unknown injuries may be exacerbated.

I understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I also understand that supervision is not a guarantee against injury, physical risk, harm, or complications arising from injury. Medical clearance from my managing health care provider does not guarantee absence of risk.

I choose to independently participate at safe and appropriate levels of activity, which have been demonstrated by the All Wellness staff. I understand that demonstrated form is for my own protection as it can dramatically reduce incidence of injury and harm. Any variance from specific form or levels is my personal choice, and I assume all risk and damages that may result from such choices.

I choose to participate with any and all diagnosed and undiagnosed, disclosed and undisclosed physical impairments, restrictions, limitations and conditions. Any effects from professionally or self-prescribed medications or supplements, including effects of glycemic and hydrated state, are my own responsibility. I choose to participate with the understanding that any and all activities and professionally designed programs are developed to elicit the particular beneficial physical and metabolic responses desired. The levels of strain and pressure required may and do cause reasonable physical stresses upon the muscular, skeletal, vascular and cardiac tissues, which is typically required to promote beneficial health conditioning. Additionally, there may be and are discomforts felt or perceived which may or do represent real health concerns, whereas I am responsible for ongoing care. I shall report each time I participate any changes in my current health condition, or effects of new or discontinued medication, whether known or speculated.

**I agree to participate at my own risk and I agree to hold, All Wellness, LLC and any of their owners and employees harmless for any and all claims, damages, or causes of action arising out of my voluntary participation in these activities.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_