

membership application

personal information

NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____
DATE OF BIRTH _____ SOCIAL SECURITY # _____
EMPLOYER _____
TITLE _____
BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP _____
BUS. PHONE _____
FOR EMERGENCIES, CONTACT _____

banking information

AUTOMATIC MONTHLY PAYMENT PLAN: BY INITIALIZING THIS PROVISION AND SIGNING THIS AGREEMENT, I HEREBY AUTHORIZE MECCA GYM & SPA TO MAKE THE FOLLOWING WITHDRAWALS FROM MY BANK ACCOUNT OR CHARGES TO MY CREDIT CARD ACCOUNT.

INITIATION FEE \$ _____ BUYER INITIAL IF APPLICABLE _____
MONTHLY FEE \$ _____ PLUS TAX MONTHLY FOR _____ CONSECUTIVE MONTHS
BEGINNING _____, 20____.

THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT THE INITIAL TERM OF MY MEMBERSHIP. I FURTHER AUTHORIZE SAID COMPANY TO MAKE ADDITIONAL WITHDRAWALS/CHARGES AS MAY BE AUTHORIZED AND INCURRED IN ACCORDANCE WITH THE TERMS OF THIS MEMBERSHIP CONTRACT WITHOUT PRIOR NOTICE TO ME. REVOCATION OF THIS AUTHORIZATION DURING THE INITIAL TERM OF MY MEMBERSHIP CONSTITUTES A DEFAULT OF THIS CONTRACT.

NAME OF AUTHORIZED BUYER (PLEASE PRINT) _____ DATE _____

IF CREDIT CARD PAYMENT METHOD SELECTED, COMPLETE THE FOLLOWING:

MASTERCARD VISA AMEX

ACCT. NO. _____ EXP. DATE _____

IF CHECKING ACCOUNT PAYMENT METHOD SELECTED, COMPLETE THE FOLLOWING (AND INCLUDE A VOIDED CHECK):

NAME OF BANK _____ ACCT. NO. _____

agreement

IF YOU ARE UNDER THE CARE OF A PHYSICIAN, HAVE RECENTLY BEEN UNDER THE CARE OF A PHYSICIAN, OR HAVE EXPERIENCED ANY SIGNIFICANT MEDICAL PROBLEMS, THIS INFORMATION SHOULD BE DISCLOSED AND CLEARANCE FROM YOUR PHYSICIAN SHOULD BE OBTAINED. IF YOU HAVE NOT UNDERGONE A PHYSICAL EXAMINATION, IT IS RECOMMENDED THAT YOU DO SO BEFORE BEGINNING AN EXERCISE PROGRAM.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY MECCA GYM & SPA. I UNDERSTAND THAT MECCA GYM & SPA MANAGEMENT RESERVES THE RIGHT TO TERMINATE ANY MEMBERSHIP WITH OR WITHOUT CAUSE, AT ANY TIME. I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PROVIDED BY ME IS ACCURATE AND THAT I HAVE READ AND UNDERSTAND THE PRECEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED ABOVE.

MEMBER SIGNATURE _____ DATE _____

MECCA GYM & SPA REPRESENTATIVE _____ DATE _____

HEALTH SPA REGISTRATION No. 20000030

consent, release, waiver of liability, and indemnity agreement

THE EXERCISE AND ACTIVITY OPPORTUNITIES OFFERED THROUGH THE FACILITIES OF MECCA GYM & SPA ALLOW A PERSON TO ENGAGE IN VARIOUS EXERCISE AND/OR PHYSICAL ACTIVITIES POTENTIALLY BENEFICIAL TO ONE'S HEALTH AND WELL BEING.

HOWEVER, I RECOGNIZE AND UNDERSTAND THAT THERE ARE INHERENT RISKS OF VARIOUS PHYSICAL AND MENTAL CONDITIONS, ILLNESSES, AND/OR INJURIES ASSOCIATED WITH (A) ENGAGING IN ANY EXERCISE OR PHYSICAL ACTIVITY, (B) THE USE OF EQUIPMENT AT MECCA, AND/OR (C) THE USE OF MECCA'S FACILITIES. SUCH RISKS INCLUDE ANY AND ALL TYPES OF PHYSICAL INJURIES, PHYSICAL AND MENTAL CONDITIONS AND/OR ILLNESSES INCLUDING, BUT NOT LIMITED TO, SPRAINS, STRAINS, BROKEN BONES, CONCUSSIONS, LACERATIONS, ABNORMAL BLOOD PRESSURE, HEARTBEAT DISORDERS, FAINTING, SHORTNESS OF BREATH, CHEST PAIN, STROKES, HEART ATTACK, OR EVEN DEATH.

I FURTHER RECOGNIZE AND UNDERSTAND THAT ANY AND ALL SUCH RISKS ARE COMPOUNDED IN THAT MANY OF THE EXERCISE AND/OR PHYSICAL ACTIVITY OPPORTUNITIES OF MECCA ARE UNSUPERVISED INCLUDING, BUT NOT LIMITED TO, USE OF ITS GYM, AND/OR ALL TYPES OF EXERCISE EQUIPMENT AND/OR USE OF ITS LOCKER ROOMS, DRESSING ROOMS, SHOWER AND/OR STEAM ROOMS.

I HEREBY AGREE AND CONSENT TO VOLUNTARILY ENGAGE IN ANY AND ALL EXERCISES AND PHYSICAL ACTIVITY OPPORTUNITIES, SUPERVISED OR UNSUPERVISED, AT MECCA, TO VOLUNTARILY USE MECCA'S EXERCISE EQUIPMENT, AND TO VOLUNTARILY USE MECCA'S FACILITIES AT MY OWN RISK AND WITH FULL KNOWLEDGE AND APPRECIATION OF ANY AND ALL DANGERS AND RISKS INHERENT THEREIN.

I ACKNOWLEDGE THAT I HAVE AND AM HEREBY ADVISED TO SEEK AND OBTAIN ANY NECESSARY MEDICAL CLEARANCES FROM MY PHYSICIAN AND TO UNDERTAKE A PHYSICAL EXAMINATION PRIOR TO BEGINNING ANY EXERCISE ACTIVITY.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF ANY BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE SUFFERED BY ME.

I HEREBY RELEASE, WAIVE, FOREVER DISCHARGE AND/OR COVENANT NOT TO SUE MECCA GYM & SPA AND/OR THEIR AGENTS, SERVANTS, AND/OR THEIR EMPLOYEES FOR ANY AND ALL LOSS OR DAMAGE AND/OR ANY CLAIMS OR DEMANDS OR ANY TYPE, KNOWN OR UNKNOWN, ON ACCOUNT OF OR IN ANY WAY RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS MECCA GYM & SPA AND THEIR AGENTS, SERVANTS, AND EMPLOYEES FROM ANY ILLNESS, CONDITION AND/OR INJURY TO MY PERSON OR PROPERTY OR AS A RESULT OF MY DEATH, AND/OR AS A RESULT OF ENGAGING IN ANY EXERCISE AND ACTIVITY OPPORTUNITIES AT MECCA, ANY USE OF MECCA'S EXERCISE EQUIPMENT AND/OR ANY USE OF MECCA'S FACILITIES.

I FURTHER HEREBY ACKNOWLEDGE THE EXISTENCE OF AND NEED FOR CERTAIN RULES AND REGULATIONS CONCERNING THE USE OF MECCA'S EQUIPMENT FACILITIES, AND OTHER PROCEDURES RELATED TO ACTIVITIES AT MECCA. I THEREFORE AGREE TO ABIDE BY ANY AND ALL SUCH RULES ADOPTED BY MECCA.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE PRECEDING PRIOR TO SIGNING, AND UNDERSTAND THAT I AM EXECUTING A CONSENT, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

MEMBER SIGNATURE _____ DATE _____

MEMBER EMAIL _____

MECCA GYM & SPA REPRESENTATIVE _____ DATE _____



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