



Gym Membership Release Form

Membership Details

Name: _____ Date of birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Check the following membership type Training: _____ Aerobic Classes: _____ Full Access: _____

Physical Conditions: To ensure safety and a successful program it is necessary to know any physical conditions that may require a change to the program. Please note any injuries or surgeries that should be considered for your training program.

Year: _____

Details: _____

Year: _____

Details: _____

Year: _____

Details: _____

Medical Conditions: Please note any medical conditions that could prevent certain activities or require adjustments to the training program (ie: lifting restrictions, mobility limitations, etc.) Such restrictions are provided by physicians.

Condition: _____

Restrictions: _____

Condition: _____

Restrictions: _____

Condition: _____

Restrictions: _____

Signature: _____ Date: _____

Freedom Fitness Lincoln, Maine 04457
Owner: Kimberly Burleigh
Personal Trainer I (207) 794- 5772



General Liability Release Form

Date: ___/___/_____

To: Freedom Fitness LLC Owner: Kimberly Burleigh

Event or Activity (Please check all that apply)

- Aerobic Classes
- Personal Training
- General Gym Access

Participant: _____

I completely understand and realize that participation in the above mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me.

By signing below, I agree to the fact that participation can cause any harm or injury to me. I release the business Freedom Fitness, owner Kimberly Burleigh, as well as aerobic instructors, and any one time led guest instructors, from all liability, costs, and damages which could arise from participation in the above named activity. I agree to accept financial responsibility costs related to any emergency or treatment needed as a result of the above named activity, I give by confirmation by signing this document.

Signature of Participant: _____ Date: ___/___/_____

Name of Parent/Guardian: _____ Date: ___/___/_____

Signature of Parent/Guardian: _____ Date: ___/___/_____



Automatic Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, Mastercard, American Express or Discover card. Just complete and sign this form to get started!

Recurring payments will make your life easier:

It's convenient (saving you time and postage)

Your payment is always on time (even if you're out of town), no more forgetting!

Here's how recurring payments work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days to the payment being collected.

Please complete the information below:

I _____ authorize Freedom Fitness LLC to charge my credit card \$ _____ each month for payment for my gym membership. Such fee shall be charged on the _____ day of each month.

Billing Address _____
City _____ State _____ Zip _____
Phone Number _____
Email _____

Card Information:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER OTHER: _____

Cardholder Name _____

Card Number _____

EXP Date _____ Billing Zip Code _____ CVC _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Freedom Fitness in writing of any changes in my account information. I further agree to provide written notice at least 30 days prior to cancellation of this agreement and termination of membership. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected to Non Sufficient Funds (NSF) I understand that Freedom Fitness may at its discretion attempt to process the charge again within 30 days and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the organization of transactions to my account must comply with U.S law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this form.

SIGNATURE _____ DATE _____