

Wembley & District Agricultural Society Box 238, Wembley, Alberta T0H-3S0 Phone: (780)-897-9703

FITNESS CENTRE CONTRACT

Registration Form

Date:	Start Date:
First Name:	Last Name:
Mailing Address:	
Cell Phone:	Home/Work:
Email:	DOB (MM/DD/YY):
Height:	Weight:
Emergency Contact:	
Membership Type:	FOB#:

Membership Fees:		
1 Month Single Membership	\$35.00 + tax (\$36.75)	
1 Year Single Membership	\$350.00 + tax (<mark>\$70.00 Savings)</mark> (\$367.50)	
1 Month Family Membership	\$75.00 + tax (\$78.75)	
1 Year Family Membership	\$750.00 + tax <mark>(\$150.00 Savings)</mark> (\$787.50)	
Family memberships include up to 5 family members, with a max of 2 people over the age of 18. Family members under the		
age of 18 MUST be supervised while using the facility.		

A one time fee of \$15.00 is required for your personal fob that will give you access to the facility 24/7. Payments for membership fees are accepted by cash, cheque and EMT, cheques are to be made payable to The Wembley & District Agricultural Society. EMT payments can be sent to <u>treasurer@wdas.ca</u> (password: Gym2025), comments to include full name and gym membership.

Any returned cheques (NSF) will receive a \$50.00 service charge for processing.

The Wembley & District Agricultural Society reserves the right to refuse entry/use of the facility. Enrollment and participation of any fitness classes offered are not included in monthly/yearly membership fees and are to be paid directly to the instructor offering the class/sessions.

Prices are subject to change without notice.

With the use of our key fob entry system, it is required that you notify us of renewal payment (via text, call, or FB message) and allow for a minimum of 24 to 48 hours notice as the renewals can only be updated during business hours. Your key fob is for your own use and not to be shared with anyone. Misuse or sharing of the key fob with non-members will lead to automatic revoking of your membership (non-refundable). All entrance ways are monitored with video surveillance.

Rules and Regulations:

- ✓ All participants must be over the age of 18 years. Ages 14-18 must be supervised by an adult over the age of 25.
- ✓ Use of this facility is at your own personal risk.
- ✓ Key fobs are issued upon registration. Misuse or sharing of the key fob with nonmembers will result in an automatic revoking of your membership (non-refundable). All entrance ways are monitored with video surveillance.
- ✓ After use of equipment, please clean with products provided.
- ✓ Respect the space provided and all equipment and use properly. Misuse or damages will be addressed with the revoking of your membership (non-refundable) and billing for the expense of repair for any wilful damages.

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Signature:______ Legal Guardian:_____

Family Memberships:	
Name:	

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FITNESS CENTRE

Wembley & District Agricultural Society Box 238, Wembley, Alberta

AGREEMENT AND RELEASE OF LIABILITY

I, ________ have enrolled in a membership that allows access to fitness training equipment. In addition, I may enrol in programs of strenuous physical activity including, but not limited to: traditional aerobics, weight training, boot camps, Cross Fit, mobile equipment and other services offered by the Wembley Fitness Centre (Wembley & District Agricultural Society). I hereby affirm that I am in good physical health and do not suffer from any disability that would prevent or limit my participation in the exercise program.

In consideration of my participation in the Wembley Fitness Centre facility, I, along with my heirs and assigns, release the Wembley Fitness Centre (Wembley & District Agricultural Society) and its personal trainers, staff and owners from any claims, demands and causes of action arising from my participation in the facility or any training programs provided.

I fully understand that I may injure myself as a result of my participation at the Wembley Fitness Centre and I release the Wembley & District Agricultural Society from any liability now or in the future, including but not limited to: heart attack, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however caused or occurring during or after my participation in the facility or exercise programs.

I am fully aware that the use of this facility is at my own risk.

Signature

Signature of Legal Guardian (if under 18)

Print Name

Print Name

Date

Witness

Phone Number of Legal Guardian