ANNUAL AGREEMENT		DI Living Heart Fit	ness Agreement
Name:		N Main, Groton SD ~ Call/T	
Birth Date:		Student:Monthly: \$29.82YeSingle:Monthly: \$35.15Yes	
Diffi Date.		Singlewontnly: \$55.15fea 2-person:Monthly: \$54.45\	
Address:		Family:Monthly: \$67.10Yea	
Cell Phone:	e-mail:		
Rules & Regulations			
 Allowing others into the facility is prohibited. Your membership may not be used by or assigned to another 	Doguesing (Smodit Cand Authorizati	on Agraamant
person.	Recurring C	Credit Card Authorization	on Agreement
- Each member is responsible for proper use of the exercise	N C 1		
equipment.	Name on Card:		
- Any equipment or other property damaged or destroyed at GDI Living Heart Fitness due to the negligence or willful misuse	0 1 1 1		
of, the member will be held responsible for repair/replacement at	Card Number:		
said members' expense, and may result in loss of membership.			
- GDI Living Heart Fitness is not responsible for any accidents		3 digit code of	
that may occur with exercise and weight equipment or on the premise during any staffed or unstaffed hours.		hereby authorize my men	
- Each member must use his/her 24-hour access code when	charged each month	n on the first day. (next b	usiness day in the
using the facility. If two people come together, they must both	event the first falls of	on a weekend or holiday)	
enter separately using their own code.			
- All exercises, including the use of weights and use of any and all machinery designed for exercising shall be at the mem-	Signature:		_ Date:
ber's sole risk.			
- No guests are permitted			
- Persons under the age of 15 may not use the facility without	parental supervision.		
Applicant's Statements The member acknowledges that he/she has been advised to	receive a physical exami	nation and consult with a phy	vsician before joining GD
Living Heart Fitness and beginning a program of physical exerci	se. The member certifies	that he/she is in good health,	and has no conditions or
limitations that would prevent the member from utilizing the mem	bership options in a safe	manner.	
If you have chosen monthly recurring as payment, your signat 30-day cancellation notice.	ure allows us to charge n	nonthly for your membership	until you give us a written
Cancellation and Refund Policy			
- This agreement may be canceled if I become permanently di	sabled and provide writte	n evidence signed by a physi	cian.
- Should I permanently move my residence more than 35 miles	s from GDI Living Heart F	itness and provide written evi	dence.
 There will be a \$40 service charge for any returned check. The member may cancel this agreement by midnight of the tr 	aird day after the date of the	nis agreement and such cance	allation must be in writing
- Should a member default, member agrees to pay all costs of	collection, including agend	cv fees, court costs, and reason	onable attornev fees, all of
which may be paid of incurred by the holder of this note. Member	also agrees that no other	representation is made other	than that which is agreed
to in writing herein. The term of the agreement is for 12 months f			
they decide to cancel. After 12 months, the agreement is on a m the month. Cancellation after the 1st of the month will not result it	onth-to-month basis. Can	cellation after that is required	5 days prior to the first of
- In the event that the club closes and ceases doing business,			
FAILURE TO USE THE FACILITY WILL NOT RELIEVE THE N		,,,,,,,	
Release and Waiver of Liability		liaaasulaa taainina at ODLLii	ing Head Fitness in One
I, the undersigned, hereby request permission to participate in ton, South Dakota. I acknowledge that voluntary participation inv			
connection with such participation and agree to hold GDI Living	Heart Fitness, its employ	rees and agents harmless fro	m any and all claims with
respect thereto.			
In consideration of the permission granted to the undersigned GDI Living Heart Fitness, its agents and employees from any an			
negligence, other fault or unavoidable accident resulting from my			
The undersigned participated hereby accepts the risk associate	ed with participation in we	eight training and cardiovascu	
be of sound medical health. The undersigned hereby agrees to a	all of the terms and condit	ions as herein set forth.	
The undersigned state that they have carefully read the above accurately and truly given and sign the same of their own free ac	and foregoing document,	the undersigned knows the co	ontents thereof have been
- I HAVE READ AND AGREED TO THE ABOVE TERMS	Λ.		
OLONATUDE.	Б. (
SIGNATURE:	Date:		
Name:: (First 4 digits)	press ente	r (Second 4 digits)	press enter