

FARIBAULT COUNTY FITNESS CENTER

MEMBER INFORMATION

Last Name: _____ First Name _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Employer _____

MONTHLY MEMBERSHIP FEES

Amount due on first business day of each month: \$ _____

- Adult Monthly Membership Fee \$ _____** Cancellation requires a 30 day written notice and the return of your key/s.
- Student Monthly Membership Fee \$ _____** Cancellation requires a 30 day written notice and the return of your key/s.
- Senior Monthly Membership Fee \$ _____** Cancellation requires a 30 day written notice.
- Family Monthly Membership Fee \$ _____** Cancellation requires a 30 day written notice and the return of your key/s.
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- Includes the following family members: _____

MEMBERS' RIGHT TO CANCEL

If you wish to cancel this contract, you may cancel by delivering or mailing a written notice to the club. The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before midnight of the third business day after you sign this contract. The notice must be delivered or mailed to: **FARIBAULT COUNTY FITNESS CENTER, P.O. BOX 38, BLUE EARTH MN 56013.**

By my signature below, I, the member, certify that I am physically able to use all facilities and do hereby agree that this facility is not responsible or liable to me for any injury, accident or loss of personal property. I understand that I cannot transfer this membership to any other person. I do hereby release this facility and it's employees from any claim or cause of action which may have occurred as a result of any medical problem known or unknown which I have knowledge presently of or in the future. I verify no promises or guarantees, other than those written in this agreement, were made to me by this facility or it's employees. I agree to follow the instructional guidelines and to cooperatively utilize the facilities with other members. Failure to do so may result in cancellation of my membership. I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS HEREIN.

Member's Signature: _____ Seller's Signature: _____

Date: _____ Date: _____

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize _____ and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

(Name of Financial Institution)

(Address of Financial Institution) (City) (State) (Zip Code)

(Signature)

(Name - Please Print)

(Address - Please Print)

Checking Account No. _____ Savings (OR) Account No. _____

Financial Institution Routing No. _____

RETAIN FOR YOUR RECORDS

On _____, I authorized

(COMPANY NAME)

(ADDRESS)

(PHONE)

to initiate electronic entries to my checking/savings account and agreed to the terms listed on the authorization, for payment of my _____ bill.

To cancel service, write to the address above.