

STRIVE FITNESS FACILITY USAGE APPLICATION

The information collected on the following application form will be used primarily for membership processing purposes. Auxiliary usages of the collected information will include and are not exclusive to: correspondence with members (via telephone, email and postage mail), entry into a membership database, as well as membership payments through preferred financial institutions. Strive Fitness will only be able to process and issue a membership upon successful completion of the entire application form. *NOTE: membership privileges' are subject to the final approval from Strive Fitness. In addition, STRIVE Fitness reserves the right to refuse admittance, revoke membership privileges at anytime, or to eject from the sports facility any and all individuals failing to comply with the rules and regulations set forth by the Strive Fitness.* All of the information collected will be kept confidential and will not be shared with third party groups. However, Strive Fitness reserves the right to disclose personal information to banking institutions that are related and relevant towards processing membership payments. **NOTE: Membership waiver MUST be signed and dated on the back before membership will be valid.**

APPLICANT INFORMATION (* DENOTES REQUIRED INFORMATION) – PLEASE PRINT CLEARLY.

MEMBERSHIP IS NOT VALID UNTIL INFORMATION AND MEMBERSHIP HAS BEEN ENTERED CLEARLY AND WAIVER HAS BEEN SIGNED.)

*First and Last Name:	Date of birth: (M/D/YEAR)
*Please circle one: MALE FEMALE (will be noted as Male if this is not circled)	
*Current phone number:	
*E-mail address:	*I would like to receive emails from Strive Fitness about membership issues or specials: <input type="checkbox"/> YES <input type="checkbox"/> NO
Current home address:	
*City:	*Province:
Postal code:	

EMERGENCY CONTACT INFORMATION – ONLY USED FOR EMERGENCY PURPOSES

(* DENOTES REQUIRED INFORMATION – If applying for a family membership, emergency contacts listed must be for all members of that family)

*Emergency contact name and phone number:

AUTOMATIC DEBIT BY CHECKING OR CREDIT CARD IF APPLICABLE

I, _____, hereby authorize Strive Fitness electronic transfer privileges to debit from either my banking account or my credit card for the sole purpose of continuous monthly payments related to membership dues and fees. Furthermore, I will give 30 days' notice to cancel my membership and if in that time period a payment is due, the payment will be taken and not refunded. *(NOTE: There will be a NSF fee of \$25 for each NSF payment which will be added to your account. There will also be a \$25 administration charge to freeze your account. This must be paid before your account is frozen.)*

Name of applicant (please print clearly):

Financial institution name:	Your name as it appears on the banking account:
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>(If your bank has a different address, name, phone number or email address than above, your payment will not go through automatically, so we cannot guarantee a set date each month.)</i>	
Full name as it appears on credit card : <i>(If your bank has a different address, name, phone number or email address than above, your payment will not go through automatically, so we cannot guarantee a set date each month.)</i>	
Credit card number:	CVV 2 OR CVC 2 security number:
Expiration date:	
Signature of applicant for authorization:	Date:

MEMBERSHIP CARD

If your membership card is lost or stolen, there will be a \$5 charge to replace the card. By signing below you agree to either scan your membership card or give check-in with the front desk staff at the reception office before starting with any activities in the building.

This membership card allows access to the Strive Fitness and Athletics Facility located at (CNESF) at 401 – 33 Street N.E. Calgary, Alberta T2A 7R3. All classes are a separate fee.

The Strive Fitness and Athletics training Facility will be closed for all major holidays chosen by Strive Fitness and CNESF, throughout the year.

SIGNATURES (I verify that the information provided on this membership application form to be valid and correct.)

*Signature of applicant:	Date:
Signature of parent (if under the age of 18):	Date:

STAFF ONLY

Card number:	Type of membership: (circle or fill in information.) Monthly recurring <i>(Must fill in billing information above!)</i> 3 month 6 month 1 year Coupon-Voucher #: _____ CrossFit-which one: Training: DROP-IN: <i>(CrossFit is a different amount than dropping in to work out!)</i> \$ _____		
Today's Date:	Staff initials: _____	How did the person pay (circle)? MC VISA CASH CHQ	What did they pay? \$ _____

SPORT AND FITNESS CENTRE

I intend to use some or all of the activities, facilities, programs and services offered at or by the *Strive Fitness Sports Training Center (herein Strive Fitness.)* In consideration of being allowed such use, I do hereby waive, release and forever discharge *Strive Fitness* and its officers, employees, agents, representatives and all others acting on its behalf from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered at or by the *Strive Fitness Center*, including, but not limited to, my use of equipment or machinery in connection with the activities, facilities, programs and services offered at or by the *Strive Fitness, Strive Consulting, The Strive Foundation of Calgary.*

I understand that each person (myself included) has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, facilities, services and programs offered are educational, recreational or self-directed in nature. I agree that my participation in any and all of the activities, facilities, programs and services provided at or by the *Strive Fitness Center is strictly voluntary and has not been requested or required by Strive Fitness.* I further agree that my participation in any and all activities, facilities, programs and services provided at or by the *Strive Fitness Center* is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities, facilities, programs and services offered at or by the *Strive Fitness Center.* I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, facilities, programs and services, or that I have decided to participate in these activities, facilities, programs and services without the approval of my physician. I do hereby assume all responsibility for my participation in the activities, facilities, programs and services offered at or by the *Strive Fitness Center* and for my utilization of any and all equipment and machinery in connection with these activities, facilities, programs and services.

I understand that the activities, facilities, programs and services offered by the *Strive Fitness Center* may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some *Fitness Center* employees, agents, representatives or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

I understand that I will check-in with a staff member upon arriving to the *Strive Fitness* facility and will wear appropriate clothing and shoes as stated by *Strive* staff members.

*Participant's Name (Please Print): _____

*Participant's Signature: _____ Date: _____

(Parent's signature if under 18 years of age-I represent that I have legal capacity and authorize to act on behalf of the minor named herein.): _____ Date: _____