



**4EVER FITNESS
1500 WEST BREEN AVE
KINGSFORD, MI 49802**

Membership Agreement (PLEASE WRITE CLEARLY)

BUYER INFORMATION

Name _____ Date of Birth _____

Home Phone _____ Email Address _____

Mailing Address _____

Sign up date _____ Parent Signature _____

Elect to pay dues via

Electronic Funds Transfer from bank account _____ **Credit Card** _____ **Other** _____

Waiver and Release of Liability

4Ever Fitness urges you and all members to obtain a physical examination form a doctor before using any exercise equipment or participating in any exercise class. All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercise shall be at the member's sole risk. Members understand that the agreement to use, or selection of equipment programs, methods and types of equipment shall be member's entire responsibility, and 4Ever Fitness shall not be liable to member for any claims, demands, injuries, damages, or actions arising due to injury to member's person or property arising out of or in connection with the use by members of the services, facilities, and premises of 4Ever Fitness. Member hereby holds 4Ever Fitness, its officers, owners, agents, and employees harmless from all claims which may be brought against them by member or on member's behalf for any such injuries of claims.

MEMBERS SIGNATURE _____

I elect to pay my monthly installment payments be Electronic Funds Transfer (EFT). _____ Initial

I _____, authorize my bank to make my payment by the method indicated below to 4Ever Fitness for my Membership Dues.

_____**SAVINGS** _____**CHECKING** _____**OTHER**

ACCOUNT NUMBER _____ **ROUTING NUMBER** _____

BANK NAME _____ **BANK PHONE#** _____

AUTHORIZED SIGNATURE _____