



DAY PASS

AGREEMENT – RELEASE OF LIABILITY

TYPE OF MEMBERSHIP: **DAY PASS**

NAME: _____ TODAY'S DATE: _____ PAYMENT METHOD: _____

IMPORTANT – READ THE FOLLOWING CAREFULLY PRIOR TO SIGNING THIS AGREEMENT

The undersigned member(s) acknowledges that undertaking a program of exercise and/or training is rigorous and demanding physical activity. A physician should be consulted for a physical examination prior to entering into any such program. It is understood that this membership is simply for the access to use of certain facilities and equipment. Members shall seek training on the proper use of equipment for all equipment with which they are not familiar. Members are responsible for their own safety and proper use of facilities and equipment. Flex Fitness Center does not provide supervision of the exercise area and use of facilities by members shall be solely at their own risk. (Please initial) _____.

I certify that to the best of my knowledge I am in good physical health; and I have no information or knowledge of injuries or medical problems that would restrict or prohibit my participation in the weightlifting and exercise program available at Flex Fitness Center. Personnel of Flex Fitness Center have advised me that they highly recommend a complete physical examination by my doctor starting a fitness program. Should my medical condition change, I agree to notify Flex Fitness Center before using any of the facilities. (Please initial) _____.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of these dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death. Member(s) understands that Flex Fitness Center, its owners, agents, and employees, if any shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever, to the person or property, arising out of or connected with the use of any of the equipment or facilities of Flex Fitness Center, or the premises where the same are located, including any undersigned do/does hereby expressly forever release and discharge Flex Fitness Center, its owners, agents, and employees from all such claims, demands, injuries, damages, actions or causes of action. (Please initial) _____.

FLEX FITNESS POLICIES

NO STREET SHOES ARE TO BE WORN OUTSIDE OF THE ENTERANCE AREA!!!

Dress Code: Shirts are required at all times; athletic shoes must be worn - NO STREET SHOES!

Children: Children under 14 are allowed, but with supervision of an adult (18+). 14-17 year olds need a parent's consent with paperwork filled out.

Free Weights: Free weightlifters are encouraged to lift with someone else present. Free weights are not to be dropped and are to be taken off after use. Chalk is allowed but we have the ability to take away if abused. Must clean equipment after use.

Flex Fitness Center: Shall not be liable for loss, theft, or damage to personal property of the member, stored, left upon or brought to Flex Fitness Center.

Guest Policy: Management must be notified. A waiver must be signed before using the facility. A guest must be 16 or older or accompanied by a parent, guardian or an adult (18+).

Only members and paid guests shall be allowed on premises. Guests are not allowed to let anyone in the gym. If someone forgets their key please call Brent (608-214-2121) or Keith (608-214-2401) and they will come let them in. Spectators are not allowed to accompany members or guests without consent from management. Members are prohibited from letting non-members in without a guest pass for any purpose. If a member brings a guest without our knowledge, their account or guest(s) will be charged \$8.00-day pass per infraction.

No alcoholic beverages or drugs of any kind shall be consumed upon or brought upon premises.

Violation of any of these rules set forth herein, or further rules and policies as may be posted, shall subject the member to immediate termination of membership privileges, and forfeiture of any prepaid membership fee.

Signature: _____

Date of Birth: _____

Name Printed: _____

Phone: (____) _____ (cell)

Email: _____

(CIRCLE) How did you hear about us? Facebook, Instagram, Search Engine, Word of Mouth _____
(Member name if applicable)

DAY PASS

Day Pass: \$8

(Please Choose One)

- Check or Debit (Direct Payment From Bank Account)
- Credit Card (Pay Online) Go To: flexargyle.com / Become A Member
- Venmo - @flexargyle

Guest passes are only good for one-time use. Each time a guest comes they need to purchase a day pass.

Contact Info

Brent Ritschard - phone: 608-214-2121 - email: brent@flexargyle.com
Keith Ritschard - phone: 608-214-2401 - email: keith@flexargyle.com