



**Membership Agreement with HFC Enterprises Ltd
 (trading as Bodyworx Fitness Centre Hokitika)**

Name.....M/ship No.....

Membership Plan

I AGREE TO PAY **TODAY, FOR THE FIRST**.....**WEEK/MONTH(S) Membership**
 (This includes \$_____ initial administration and induction fee)

I THEN AGREE TO PAY**(AMOUNT) PER**.....**(TIME PERIOD)**

By automatic bank payments
 (Please circle applicable fee below and initial) Special Conditions:.....

Total amount payable per 12 months - Adult	\$1244.00	Senior/Student	\$1088.00
Total amount payable per 6 months - Adult	\$828.00	Senior/Student	\$750.00

Total amount payable (other).....
 \$50 - Suspend fee (to suspend membership for a period of up to 3 months).
 \$50 – Transfer fee
 \$100 - Early cancellation fee (to cancel membership prior to agreed membership period).

By automatic bank payment into (HFC Enterprises Ltd) bank account below.
ASB Bank account no: 12-3493-0017102-00 Amount:.....

Frequency:..... **1st payment date:**.....

Reference:..... (Please use surname and first name as reference)
 I agree to continue this payment for a **minimum period of** (Please circle applicable term below and initial)
 6 MONTHS **12 MONTHS** **OTHER.....**

from the date of this agreement. After this period, my membership will **automatically continue** until I cancel it by contacting Bodyworx Fitness Centre in writing, at least one month prior to cancelling my automatic payments at the bank. I agree that I am responsible for cancelling the automatic payments. Payments are guaranteed not to increase during the **initial period** unless required by law. After the **initial period** the rate may be increased by Bodyworx giving you at least 30 days' notice in writing which may be by email or text. If you do not wish to accept that increase you may cancel your membership but must do so before the first payment due *at the new rate.* **INITIAL**_____

I have read and understood this document including the terms and conditions set out on the second (back) page and understand that this is a legally binding document. All the details that I have given you are correct. I understand that if I do not give you the information you need my membership may be terminated, and that you may use my personal information for administration, credit and marketing purposes. I will notify Bodyworx Fitness Centre of any change of address or other details. I have the right to see my personal information and to ask for it to be corrected. I understand that I have 5 working days to cancel this agreement after today's date. You will be required to pay for the days that you have had access to the club, at our standard daily rate, and for any goods you have received on joining up. **INITIAL**_____

USE OF THE CENTRE Your membership gives you the right to use the centre facilities during normal opening hours on the terms of this Agreement. It does not cover additional costs like food or drink, special classes, sauna or personal training, which you must pay for separately. We will take all reasonable care to ensure that facilities are available during normal opening hours, but sometimes demand from other members or circumstances beyond our control such as equipment failure may mean that the equipment you want to use may not be available. I agree to all the terms and conditions above & acknowledge receiving a copy of this agreement. I understand that any additions to the terms of this agreement will be written above under "Special Conditions". **INITIAL**_____

Signed.....(customer/guardian for customer aged under 18yrs)

Name..... Date.....

Witness.....(for Bodyworx Fitness Centre)

Name of Witness.....Date.....

MEMBERSHIP DETAILS AND TERMS AND CONDITIONS: PLEASE READ CAREFULLY

Full Name: Mr / Mrs / Miss / Ms _____

Your Address: Street Name & Number: _____

Suburb: _____ City: _____

Phone: Home: _____ Work: _____ Mobile: _____ - _____

Would you prefer us to communicate with you by: Email Text Both

Date of Birth: / / **Email Address:** _____

Your Doctor (used for medical emergencies only): _____

Emergency Contact person _____ Phone _____

Any medical conditions affecting your workouts: _____

Note: this is important for your own health and safety.

A Close Relative or Friend (not living with you): _____ **Their Ph:** _____

Your Employment Details: (if you are a student please record your school, or place of learning)

Occupation: _____ Employer: _____

Work Phone: _____

Initial period: _____ (_____) months ending ____/_____/_____ plus Freezes

Available freezes: [Total - 3months] per 12month period

Freezes: During the initial term you can suspend your membership and your payments as set out in the front page. Each freeze must be for at least 1month/4 weeks. Your Initial Period will be extended by the length of freezes. After the minimum term you can suspend your membership by a maximum of 3 months in any period of 12 months of centre use. A freezing administration fee will apply. If you use the centre during a freeze period, you must restart your payments immediately. **INITIAL** _____
When payment(s) are missed, you may not be able to enter the centre until you have paid any overdue balance. All costs associated with recovery of any missed payments will be added to any amounts due. This includes a \$20 administration charge, and all reasonable collection agency costs. **INITIAL** _____

Facility rules and procedures: You must always comply with the rules and procedures while using the centre. These rules and procedures are designed to allow all members to get maximum benefit from their membership and may change from time to time. Copies are available at the front desk and online. You must not carry out any illegal acts on the premises and you must comply with our health and safety requirements. You must respect staff and other members, and you must not take photographs in the centre without our permission and the permission of every person in the photograph. **INITIAL** _____

Termination by us: we may terminate your membership immediately if you carry out any activity which we reasonably consider to be illegal, offensive, dangerous to other people or to you, if you act in serious breach of facility rules, or if at any time four or more payments are overdue. If we terminate because of your actions, we will not be liable to you in any way. **INITIAL** _____

Signed _____ **Date** _____

Young Members (less than 18 years old): Parent or legal guardian to sign

I have read this contract and consent to the named person entering into it. I agree to become a party to this Membership Agreement and to be responsible for all obligations owed under it resulting from the person's use of the centre, including failure to meet any regular payment as set out in on the first page.

Signed _____ **(parent or guardian)**

Full name and address of signatory: _____

Contact phone number _____ **Date** ____ / ____ / ____ **Photo ID:** _____