



MEMBERSHIP APPLICATION AND AGREEMENT

Member No. _____
Billing Info. _____ <small>STAFF INITIALS ABOVE</small>

APPLICATION INFORMATION

MEMBER 1: First Name	Middle	Last	Date of Birth	Gender	Member #
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Home Address	City	State	Zip Code
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Social Security Number	Cell Phone
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Place of Employment	Business Phone
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MEMBER 2: First Name	Middle	Last	Date of Birth	Gender	Member #
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I acknowledge and agree to a non-refundable annual enhancement fee of \$25 due at the time of sign up and will be charged annually thereafter. This fee is assessed to support facility maintenance, equipment upgrades, and general operational improvements.

Member Initials _____

DEPENDENT MEMBERSHIP INFORMATION

Check box to restrict dependent(s) from charging on account

<input type="checkbox"/>	Name	DOB	M/F	Age	Mbr#
<input type="checkbox"/>	Name	DOB	M/F	Age	Mbr#
<input type="checkbox"/>	Name	DOB	M/F	Age	Mbr#
<input type="checkbox"/>	Name	DOB	M/F	Age	Mbr#

AGREEMENT TYPE

12-MONTH _____
 Month-by-month _____
 Other _____

Initial above _____
 Initial above _____

PAYMENT OPTIONS

I authorize the Louisiana Athletic Club ("Club") to deduct my total between the 1st and 5th of each month from either a bank account or credit card. This authorization is to remain effective until the Club has collected for all charges assessed in connection with the terms and conditions of the Membership Agreement. I have the right to stop payment on an automatic debit by notifying my bank. This, however, does not void my Agreement with the Club to fulfill my payment commitment, and I am obligated to pay by some other method.

WAIVER LIABILITY

Member Initials _____ I have read and understand the Membership Cancellation Policy summarized on the reverse.

I acknowledge my attendance at or use of the Club or participation in any of the Club's activities or programs, including without limiting my use of the Club's equipment and facilities, could cause injury to me. As a material consideration for the Club to permit me to become a member and to permit me and my guests that Club policies permit to use the Club and its facilities, I, on my own behalf and on behalf of my guests, hereby assume all risks of personal injury, death, property loss or other damages which may result from or arise out of attendance at or use of the Club or any of the Club's health or advisory services or participation in any of the Club's programs or activities. The foregoing risks shall include, but not be limited to, risks associated with: aerobics; fitness equipment; weight lifting; team and individual sports; exercise; locker room; steam bath; swimming; pools; dining; massage; spa; nursery; obstacle course; adventure sports; parking; environmental; theft; and contagion. I understand that the foregoing waiver of liability on my behalf and on behalf of my guests shall apply to any and all claims against the Club and/or its owners or managers, or any of their respective shareholders, officers, directors, employees, agents or affiliates (collectively, the "Club Affiliates") for any such personal injuries, property loss or other damages connected to or arising out of any of the aforesaid risks.

I, on behalf of myself and my heirs, executors, administrators and assigns, fully and forever release and discharge the Club and the Club Affiliates, and each of them, from

MEMBERSHIP TYPE

Single 16 years of age or older.
 Couple Legally married couple or parent and child (natural or adopted) between the ages of 12-21 currently enrolled in school, over which parent has legal guardianship or tutorship. Children between the of ages 12-15 must be accompanied by their parent at all times.
 Family Primary member, member's spouse (legally married), and/ or children (natural or adopted) between the ages of 12-21 currently enrolled in school, over which parent has legal guardianship or tutorship. Children 12-15 must be accompanied by their parent at all times. Free childcare included in family membership.
 Corporate / Senior _____

MEMBERSHIP FEES

Enrollment Fee _____
 Enhancement Fee _____
 Prorated Dues _____
 Next Month's Dues _____
 Subtotal _____
 Sales Tax _____
 Total Collected _____

Collection Type:
 CA Ck(# _____) CC

Monthly Dues _____
 Sales Tax _____
 Total _____

Checking Account _____ Bank Name _____
 Credit/Debit Card _____
Card processing fee of \$2/month applies for debit/credit cards
 Account Routing Number (voided check required to process) _____
 Account Number _____

Credit Card Number _____ Expiration Date _____

Print Name _____ Signature _____

any and all claims, damages, demands, rights of action or causes, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my attendance at or use of the Club or any of the Club's health or advisory services or my participation in any of the Club's activities or programs, including those which arise out of negligence of the Club and/or the Club Affiliates. Further, I hereby release and discharge the Club and the Club Affiliates from any and all liability for any loss, or theft of, or damage to personal property, including without limitation automobiles and the contents of lockers. I acknowledge I have carefully read the Waiver and Release and fully understand it is a waiver and release of liability.

I represent to the Club I am physically fit to perform those activities which I may undertake at the Club and that I am solely responsible for all health risks associated with such activities. I understand that any evaluation or assessment of my physical fitness and any recommendation of activities made by the Club shall not be a substitute for obtaining such evaluation assessment or recommendation from my physician before undertaking a physical exercise program or engaging in any of the activities at the Club.

By signing this membership agreement, I have reviewed and concur all information in this agreement is correct to the best of my knowledge and belief. I agree to the above agreement and all terms and conditions listed on the front and reverse of this form. I agree to accept financial responsibility for all individuals listed on this form.

MEMBER 1: Signature	Date
MEMBER 2: Signature	Date

ACCEPTED BY (For Office Use Only)	REPRESENTATIVE	REFERRED BY	Date
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MEMBERSHIP TERMS AND CONDITIONS

CLUB POLICIES AND PROCEDURES

You have received a copy of the Club policies and procedures ("Club Policies") governing the conduct of members and their guests, to the extent, if any, that your guests are permitted to use the Club and its facilities. You agree that you and your permitted guests will follow Club Policies, as amended from time to time. You agree that you and your family members approve of having your picture taken and placed on your membership account. Membership does not confer any ownership of the Club's property or assets.

Agreement: If you have selected a 12-month option on the front of this agreement, you have agreed to be a member of the Club for twelve (12) consecutive months from the start date of your membership. After which, your membership converts to a month-to-month agreement until the Club receives your 30-day written notice of resignation. If you have selected the month-to-month agreement, or the 12 month agreement that has been converted to a month-to-month agreement, you are subject to a dues increase at such time the Club deems necessary.

Member's Right to Cancel: You have the right to cancel this agreement within fourteen (14) calendar days of signing this agreement. To cancel this agreement, you must deliver in person or by certified mail (return receipt requested), the signed and dated copy of this cancellation notice or any other written notice of cancellation to the Louisiana Athletic Club at the address below no later than midnight of the fourteenth business day after you sign the agreement.

If you cancel within this period, the Louisiana Athletic Club must send you a full refund of any money you have paid. A reasonable expense fee, not to exceed fifteen dollars (\$15) may be charged if you have received your first service under the agreement. The Club must also cancel and return to you, within twenty (20) business days, any papers you have signed.

To expedite your cancellation, please include with the cancellation notice your membership receipt or membership cards and any other items provided to you by the Club pursuant to your membership.

PAST DUE ACCOUNTS

Membership accounts must remain current. In order to remain current, payments are due within 20 days of billing date. Any member whose account remains unpaid thirty (30) days after the date charged may, at the discretion of the Club, have his or her membership privileges terminated. Members will be liable for any collection fees, reasonable attorney's fees, court costs and other expenses incurred by the Club in collecting an overdue account.

Returned Check Charges: Checks returned for non-sufficient funds (NSF) may be sent directly to a check collection service and may not be handled by the Club. NSF checks are subject to a \$30 fee.

MEMBERSHIP FEES

All membership fees are subject to change at the Club's sole discretion, except that prepaid membership fees are not subject to increase until the expiration of the current prepaid term.

CLUB'S RIGHT TO TERMINATE

The Club may terminate this membership Agreement if you are in violation of Club Policies, make false representation of information in this Agreement, or for any reason without notice at any time. If your membership is terminated due to your violation of Club Policies or false

representation of information, you shall be responsible for the payment of all monthly dues and other fees under the Agreement. The Club shall refund any unused portion of prepaid fees collected on behalf of this Agreement if your membership is terminated for other reasons. Any personal or private information or material acquired from you as a member, including but not limited to answers to tests or questionnaires, photographs, or background information, shall be returned to you within 30 days after the expiration of this Membership Agreement or the termination for any reason of services under this Agreement.

MEMBERSHIP INFORMATION

Questions regarding your membership should be directed to Membership Services or the Club.

ASSIGNMENT OF AGREEMENT

You may not sell, assign or transfer your membership. The Club has the right to assign this agreement.

COMPLETE AGREEMENT AND APPLICABLE LAW

The terms of the reverse side and this side, any Attachments hereto and the Club Policies constitute the full agreement between you and the Club, and no oral promises are made a part of this Agreement. Louisiana law governs this Agreement. Whenever possible, each provision of this Agreement shall be interpreted in a manner so that it will be effective and valid under applicable law. If any provision of the Agreement is held invalid, illegal or unenforceable, such provision shall be enforced to the maximum extent permissible and the remaining provisions shall nonetheless be enforceable according to their terms.

RELOCATION POLICY

If you relocate 25 miles or more from the Club or a substantially similar facility that would accept the Club's obligations under this Agreement; (ii) the Club facilities are relocated 25 miles or more from your residence or are closed and substantially similar facility that would accept the Club's obligations under this Agreement is not within 25 miles of your residence; or (iii) by reason of death or disability, you are unable to receive benefits from membership. In the event of your relocation, death or disability, written notice of such event and a termination request must be provided to the Club, and you will be responsible for only that portion of the Membership Agreement charges allocable to the time prior to the relocation, death or disability. Verification of your relocation must be provided in writing 30 days prior to the effective date of termination. After the initial one year term membership has expired, this Agreement shall automatically continue from month to month at the prevailing rate, which is subject to change, until 30 days written notice of termination is provided by you to the Club.

CANCELLATION POLICY

Class or Service: Classes, lessons, and services require a 24-hour cancellation notice by phone unless otherwise noted.

Membership: A club resignation form must be filled out with a 30-day notice by the 6th of the month. For example, if your resignation request is received November 7, the effective date of resignation is December 31.

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12-MONTH CONTRACT AGREEMENT

I _____, understand that I am signing a **12-MONTH** contract agreement. I understand that I am obligated to pay monthly dues for the **12-MONTH** period fulfilled on _____. I understand that this **12-MONTH** agreement will automatically convert to a **MONTH-TO-MONTH** contract agreement in month 13 of my membership, and will continue as a **MONTH-TO-MONTH** agreement until I submit a 30-day written notice. If I decide to cancel this agreement after my **12-MONTH** obligation is finished, I **MUST** give a 30-day written notice. I understand that I will be responsible for the dues of this contract agreement until my 30-day cancellation notice has been fulfilled. If I give my 30-day written notice **AFTER** the **6th** of the month, I understand that I will be billed and will be responsible for paying the next month of dues. For example, if my 30-day written cancellation notice is received November 7, my effective date of resignation is December 31.

PRINT MEMBER NAME

SIGNATURE OF MEMBER

DATE _____



MONTH-TO-MONTH CONTRACT AGREEMENT

I _____, understand that I am signing a **MONTH-TO-MONTH** contract agreement. I **MUST** give a 30-day written notice to cancel my **MONTH-TO-MONTH** contract agreement. I understand that I will be responsible for the dues of the **MONTH-TO-MONTH** contract agreement until my 30-day cancellation notice has been fulfilled. If I give my 30-day written notice **AFTER** the **4th** of the month, I understand that I will be billed and will be responsible for paying the next month of dues. For example, if my 30-day written cancellation notice is received November 5, my effective date of resignation is December 31.

PRINT MEMBER NAME

SIGNATURE OF MEMBER

DATE _____

Louisiana ATHLETIC CLUB

PAR-Q & YOU

(A Questionnaire for People aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT _____

DATE _____

WITNESS _____

Check list for new members

INITIAL EACH LINE

_____ I understand that when my contract is fulfilled it converts to a month-to-month membership and that **I must provide a 30-day notice to cancel by completing the LAC resignation form.**

_____ I understand that if I cancel my membership after the 6th of the month **that I will be charged for the next month.** (Example: If I submit the resignation form on December 7, I will be charged January dues, and my effective date of resignation is January 31.)

_____ I understand that if I pay any portion of membership dues in advance that it is **not refundable or transferable.**

_____ I understand that I will be charged a **\$2 fee** each month for dues drafted from a credit or debit card, and that I can provide check routing and account information for drafting membership dues to avoid the extra fee.

_____ I understand that if I am required to provide **verification of eligibility for a rate discount** for membership dues, and if I fail to do so, I will be charged at the regular rate until my eligibility is verified, and I will not be refunded for any additional charges incurred.

_____ I understand that if I purchase a 24-hour card, it will grant me access to the LAC Alexandria gym after hours, but that **I am not allowed to bring a guest.** I also understand that I cannot open the door, if it is locked, for other members.

_____ I understand that **profanity is strictly prohibited** and violation may result in loss of membership.

_____ I understand that my child must be **16** years old to use the club by him/herself.

_____ I understand that LAC-P **does not** have any lifeguards. If I have kids less than 16 years of age, and they are allowed in the club, then I must as the parent, provide direct supervision. Kids under 16 years of age are not allowed in the pool area without a parent.

_____ I understand that kids under the age of **16** are not allowed in the steam room or Hot Tub.

_____ I understand that if my child is **6 months-11 years old** they must go to childcare UNLESS it is family fitness time. Family fitness time is all day Friday, Saturday, and Sunday. Children must be with their parents during family fitness time. If your child is ages 13 or older, you must buy them a guest pass or add them to your membership.

_____ I understand that if I plan to use childcare I **must make a reservation** and there is a **2 hour maximum** for childcare usage. I also understand I must stay in the gym while my child is in child care.

Signature

Date