



Membership Application and Agreement

Name: _____
Last First MI Date of Birth

Address: _____
Number & Street City State Zip

Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact:

Name: _____ Relationship _____

Daytime Phone: _____ Evening Phone: _____

Membership Terms and Conditions

Fees and Dues:

To establish membership, member agrees to pay a one-time, non-refundable initiation fee of \$25.00. SOMA Fitness Studios LLC accepts cash, check and credit/debit cards. All memberships are continuous as long as member meets the terms of the membership agreement. Monthly dues will be collected electronically on the 1st of the month from a predesignated account, unless previously paid by other means. In the event SOMA is unable to collect payment electronically, the member will be notified and payment must be made immediately by other means in order to maintain membership privileges. SOMA Fitness Studios LLC dues must be current at all times or fitness membership may be suspended or terminated. Any balances which are 30 days past due are subject to a \$25 monthly service fee.

Cancellation Terms

Members have the right to cancel this contract within three (3) business days after receipt of a copy of this contract, with a full refund of all dues paid except initiation fee. Cancellation must be in writing and delivered to Soma Fitness Studios LLC. Month-to-month memberships will automatically renew unless cancelled by the member before the 25th of the prior month. All current charges must be paid prior to cancellation. Prepaid memberships are not refundable unless member provides written doctor's order declaring that significant physical disability prohibits participation for a period in excess of two months.

Suspension/Termination of Membership by Management

SOMA Fitness Studios LLC has the right to suspend and/or terminate any membership for non-payment of dues or fees, or for behavior detrimental to the enjoyment of the SOMA Fitness Studios by other members and/or staff for any reason deemed sufficient in the sole discretion of SOMA management.

Soma Fitness Studio Rules

- Members under the age of 12 must be accompanied by parent/guardian at all times
- Proper workout attire and footwear are required.
- Socks are to be worn in barre class at all times.

Personal Property

Soma Fitness Studios will not be responsible for lost or stolen items.

Medical Clearance

It is recommended that all members acquire clearance from their personal physician before beginning an exercise program. The member warrants and represents that the member or any family member or guest entitled to use the facilities of the SOMA Fitness Studios LLC has no disability, impairment, or ailment preventing him/her from engaging in active or passive exercise, or that will be detrimental or adverse to such person's health, safety, or physical condition if he/she does so engage or participate. The Member acknowledges and agrees that: 1) SOMA Fitness Studios LLC will rely on the foregoing warranty in issuing the Membership; 2) SOMA Fitness Studios LLC shall have no obligation to perform a fitness assessment or similar testing to determine the Member's physical condition; 3) if any fitness assessment or similar testing is performed by SOMA Fitness Studios LLC, it is solely for the purpose of providing comparative data with which the Member can track progress in a program and is not for diagnostic purposes. 4) SOMA Fitness Studios LLC shall not be subject to any claim, demand, or injury whatsoever on account of SOMA Fitness Studios LLC evaluation or interpretation of such fitness assessment or similar testing. 5) SOMA Fitness Studios LLC shall not be liable for any injury arising out of the member's disability, impairment or ailment preventing him/her from engaging in active or passive exercise, or that would be detrimental or adverse to such person's health, safety or physical condition if he/she does so engage or participate. Each member and guest should be aware of his/her medical history and should consult with a physician prior to engaging in exercise or continuing to exercise if a medical condition appears or appears to be developing.

Do you have any medical conditions or recurring injuries that we should be made aware of?

_____Initials _____.

Do you take any medications which may affect your exercise, or which you may need after exercise?

_____Initials _____.

By signing below, I agree that I have read and understand my rights regarding payment options and cancellation and agree to the terms of this contract. I agree to release and hold harmless, SOMA Fitness Studios LLC, and its employees, from any loss, liability, claim of bodily injury or property damage, or costs, which may arise from my improper use of equipment or my participation in programs and classes of SOMA Fitness Studios LLC.

Participant Signature: _____ Date: _____.

Parent/Guardian Signature if under 18: _____ Date: _____.