



Date \_\_\_\_\_

ID # \_\_\_\_\_

# FITNESS MEMBERSHIP

**Privacy Commitment**

The M.O.G. is dedicated to maintaining the privacy of your health and personal information gathered to complete your membership. We are required by law to maintain confidentiality of your personal information. A copy of our complete privacy policy is available at your request

<b>Full Name:</b> _____	<input type="checkbox"/> Male	<b>Date of Birth:</b> ____ / ____ / ____
	<input type="checkbox"/> Female	
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> ____ <b>Zip:</b> _____
<b>Email Address:</b> _____ <i>(used for M.O.G. information ONLY!)</i>		
<b>Primary Phone:</b> _____	<b>Secondary Phone:</b> _____	<b>Work Phone:</b> _____
<b>Emergency Contact Person:</b> _____	<b>Relation:</b> _____	<b>Emergency Contact Phone:</b> _____
<b>Have you been a patient of Grand Island Physical Therapy in the last 3 months?</b> <b>Y</b> <b>N</b>		

**MEMBERSHIP FREEZE/EXTENSION POLICY**

**For Medical Reasons Only:**

1. Surgery
2. Serious Injury
- ✓ Member must make M.O.G. staff aware before or immediately following the incident
- ✓ Must provide a doctor's note indicating the length of time in which they cannot be physically active\*\*- must be at least 3 consecutive weeks
- ✓ If the member's reason qualifies, freeze or extension will be accepted but *no refund*

A Membership Freeze/Extension Request may be submitted with a doctor's note for anything outside of the above qualifications for extenuating circumstances.

**\*\*If you are still physically able to exercise portions of your body (for example: upper body or lower body only) until your injury heals, we encourage you to meet with a trainer for an adjusted program.**

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INFORMED CONSENT/WAIVER OF LIABILITY:**

This Membership agreement between ( the above named ) and the M.O.G. Inc., Grand Island Physical Therapy PC, Rehab Associates Physical Occupation Therapy of WNY PLLC, (Corporation) allows members access to the Corporation's facilities during the gym's regular hours of operation and in accordance with the gym rules and regulations.

- By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise at the Corporation.
- I also understand that if I become delinquent on my account, I will be responsible for any collection and/or court fees associated with the collection of this debt.
- I further acknowledge being familiar with the inherent risk of personal injury to myself when undertaking such physical activities at the Corporation.
- I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent my participation in this exercise program. I understand that the use of the facility is solely at the members' own risk. I hereby release, waive, and discharge the corporation and its officers, agents and employees from all liability to myself for any loss or damage, and any claim or demand therefore on account of injury to myself or property or resulting in death of myself, whether caused by the negligence off the releases or otherwise, while I am in, upon or about the premises or any facilities or equipment, therein.
- I understand that lost or stolen property is not the responsibility of the Corporation.
- I acknowledge that I have read and understand the above consent and waiver of liability.

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Fitness Membership

Membership Type:  **MOG MAX**     **MOG CREW**     **Family 2 3 4 5 + (circle one)**     **Student**  
 **Med Fit**     **Transition**     **OTHER** \_\_\_\_\_

Rate \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_     Check # \_\_\_\_\_  
 Master Card \$ \_\_\_\_\_     Visa \$ \_\_\_\_\_  
 Discover \$ \_\_\_\_\_     Gift Certificate \$ \_\_\_\_\_

Received By MOG Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
 Rep: \_\_\_\_\_ Date of Fitness Evaluation: \_\_\_\_\_

*Membership is valid for 1 year unless specified differently.*

### Automatic Payment Authorization

By signing this Application and Agreement you agree that (1) to the best of your knowledge everything you state on this application is accurate; (2) the M.O.G. may retain this Application form whether or not it is approved; (3) the M.O.G. is authorized to check your references and your credit employment history, to verify any information you have provided in this application, and to answer any inquiries about the M.O.G.'s credit experience with you; (4) the M.O.G. is authorized to order a consumer report about you in connection with this Application, updates and renewals of this Application, and any further extension of credit; (5) the M.O.G. has the right to charge to the credit card listed in this agreement any amounts due to the M.O.G. more than 60 days.

The undersigned states that he/she has read and understands the Terms and Conditions of the M.O.G. Membership and the Membership Agreement and agrees to be bound by such Terms and Conditions, and acknowledges that he/she has received a copy of this agreement. The Term of this agreement is one year. This contract will renew automatically on a month-to-month basis, without notice on the "Anniversary Date", unless written notice of cancellation is received by either you or the M.O.G. at least thirty (30) days prior to the anniversary date. The notice must be dated, signed and sent certified mail. There is a \$25 fee for returned checks. No refund will be offered once draft has been taken without notification of cancellation. Cancellation fee is the balance due less 10%.

Please initial in the box that you have read and understand the terms.

**Amount: \$ \_\_\_\_\_ Payment Date: 20<sup>th</sup> of the Month**

**Credit Card\***  
 Name on Card: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Exp \_\_\_\_\_ V-code # \_\_\_\_\_  
 Visa                      MasterCard                      Discover

**Bank Draft\***  
 Bank Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Routing # \_\_\_\_\_ Acct # \_\_\_\_\_  
*Please attach a cancelled check*

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date