



Dynamic Yoga and Fitness

Studio by Yoga 4 Love

Today's Date: _____

DYNAMIC PASS Member: _____
www.dynamicyogaandfitness.com

Member: _____			
Last Name	First Name	DOB	
Address: _____			
Street	City	Zip	print email

Cell Phone	Other Phone	Emergency Contact	

Dynamic Pass Unlimited Monthly Membership
Dynamic Elite Pass \$ _____ / mo.
*To qualify for DP discount rate, must enroll for 6 or 12 month. May pay monthly, or in advance and receive % discount. **Must keep cc or checking on file.***
Rate will not increase during term.
Monthly Debit: \$ _____ / Prorate 1st month \$ _____
 1st Debit Begins _____ Debit Date: 1st _____ 15th _____
 _____ Credit Card (Visa / Mastercard / Discover)
 _____ Debit Card (Visa or Mastercard logo)
Membership dues are \$ _____ per month on a pre-authorized automatic payment plan. The automatic payment will continue until member gives a 30 day written notice before the next scheduled automatic payment date to cancel, must pay fee. If facility is not used by member, member is still held responsible for auto payment until notice is received.
Dynamic Pass valid through: _____

Dynamic Fun & Fit 5 weeks / One class per day
\$ _____
(Does not qualify for Unlimited DYNAMIC PASS member specials)

Session _____ **Class Dates:** _____ **Session** _____ **Class Dates** _____
 One 5 week Session. One 5 week Session.

Date Pd: _____ Ck# _____ Date Pd: _____ Ck# _____

Payment Method:
 Cash Check Credit Card Bank Draft Online Pay thru website
Pay As You Go:
 5 week membership. Must renew after expiration to be active.

Renewal:
 Date Pd: _____ Exp. Date: _____ Ck# _____
 Date Pd: _____ Exp. Date: _____ Ck# _____
 Date Pd: _____ Exp. Date: _____ Ck# _____

Monthly Membership Authorization; kept on secure file OR
6 month 12 month Prepayment w/ Discount

Visa Master Card Discover

Credit Card # _____

Expiration Date: _____ / _____ 3 Digit Security Code: _____

Name on Card: _____

Signature: _____

Check or Cash payment OK, too. Must be received at studio by last biz day of previous mo, before the 1st of the mo, or card will process.
Credit/ debit card will be processed by the 7th of the month.

Checking Auto Draft Option (preferred)

Bank Routing Number: _____
 Checking Account Number: _____
 Name on Checking Account: _____
6 month 12 month Prepayment w/ Discount

SPECIALS/ FAMILY PASS

Family Member Name: _____
 PrePayment Discounts: 6 month 5%: _____
 12 month 10% _____
 Family Add On **Total** : _____
Free Items for Promo: _____
 Enrollment Fee Special: _____

AGREEMENT OF TERMS AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of this yoga studio and to use its facilities, equipment, machinery, services and products in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge this exercise fitness facility and its owners, partners, officers, agents, employees, representatives, executors, sub-contractors, landlords and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activity or my use of equipment, machinery, products or services that this fitness facility offers. I do also hereby release all of those mentioned and any others acting upon this fitness facility's behalf from any responsibility or liability for any injury, damage or loss of myself, my family or my property, including those caused by the negligent act or omission of any person or persons, business entity, including landlord, and owners, agents, partners, sub-contractors, sub-lease or employees or others acting on their behalf or in any way arising out of or connected with my participation in any activities, equipment, service or product use by myself at this facility.

2. I understand and am aware that the strength, flexibility and aerobic exercise, including the use of equipment, services and products that this facility may offer are a potentially hazardous activity. I also understand that fitness activities and services involve a risk of injury and even death, and I am voluntarily participating in these activities and using the equipment, machinery, services and products with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death and agree to hold harmless all parties involved with this facility and instructor. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise equipment and training so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, or utilization of equipment in the activities.

3. I agree that I am signing a binding agreement for said period of time and agree to fulfill said agreement. If need arises that I must cancel my agreement, the cancellation fee is \$50 for every remaining unfulfilled quarter on my agreement, due upon cancellation. If I have a medical release for abstaining from physical activity, I may place a medical hold on my agreement and resume the fulfillment of the remaining months on my agreement after my doctors' release. If I permanently move more than 25 miles away from the studio I may cancel my agreement upon contacting the office.

Signature: _____ Date: _____