



# YOGA 4 LOVE

116 Water Street  
Ovilla, Texas 75154-3312  
214.532.0776

Today's Date: \_\_\_\_\_

Yoga Pass Member \_\_\_\_\_

<b>Member:</b>	_____	_____	_____
	Last Name	First Name	DOB
<b>Address:</b>	_____	_____	_____
	Street	City	Zip
	_____	_____	_____
	Cell Phone	Home Phone	Emergency Contact

<p><b>Yoga Pass Unlimited Monthly Membership</b> \$ _____ / mo. <i>To qualify for YP discount rate, must enroll for 6 or 12 month. May pay monthly, or in advance and receive % discount. Must keep cc on file. Rate will not increase during term. No enrollment fee.</i></p> <p><b>Monthly Debit:</b> \$ _____ 1<sup>st</sup> Debit Begins _____ Debit Date: 1<sup>st</sup> _____ 8<sup>th</sup> _____ _____ Credit Card (Visa / Mastercard / Discover) _____ Debit Card (Visa or Mastercard logo)</p> <p><b>Membership dues</b> 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. If facility is not used by member, member is still held responsible for automatic payment until written notice is received.</p> <p><b>Yoga Pass valid through:</b> _____</p>	<p><b>Fun, Fit &amp; Flex Yoga; Per 5 week Session \$</b> _____</p> <p><b>Session</b> _____ Class Dates: _____ <b>Session</b> _____ Class Dates: _____ One 5 week Yoga Session. One 5 week Yoga Session.</p> <p>Date Pd: _____ Ck# _____ Date Pd: _____ Ck# _____</p> <p><b>Payment Method:</b> Cash    Check    Credit Card</p> <p><b>Does not qualify for Unlimited Yoga Pass</b></p> <p><b>Pay As You Go:</b> 5 week membership. Must renew after expiration to be active.</p> <p><b>Renewal:</b> Date Pd: _____ Exp. Date: _____ Ck# _____ Date Pd: _____ Exp. Date: _____ Ck# _____ Date Pd: _____ Exp. Date: _____ Ck# _____ Date Pd: _____ Exp. Date: _____ Ck# _____ Date Pd: _____ Exp. Date: _____ Ck# _____</p>
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<p><b>Monthly Membership Authorization; kept on secure file.</b></p> <p>_____ Visa    _____ Master Card    _____ Discover</p> <p>Credit Card # _____</p> <p>Expiration Date: _____ / _____ 3 Digit Security Code: _____</p> <p>Name on Card: _____</p> <p>Signature: _____</p> <p style="text-align: center;"><b>Check or Cash payment must be received before the 1<sup>st</sup> of the month.</b></p> <p style="text-align: center;"><b>Credit/ debit card will be processed by the 7<sup>th</sup> of the month.</b></p>	<p><b>Pre Payment Discounts/ Free Items for promo and Family Member Add On:</b></p> <p>_____</p> <p>6 month Discount    12 month Discount -5%: _____    -10%: _____</p> <p>Total after discount : _____</p> <p>Family Add On Name: _____</p> <p>Promotional Item Received: _____</p>
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### 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 \$25 for every remaining unfulfilled month 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: \_\_\_\_\_