



[If you already purchased online, simply sign-in for class]

(Please print legibly)

Every Body Balance
live healthier · live happier
120 Turnpike Rd Suite 100

Name _____ Email _____

Address _____ Cell Phone _____

City _____ Date of Birth _____ / _____ / _____ MM/DD/YYYY

State _____ Zip _____ Gender _____ Male _____ Female _____ Not Specified

Any Injuries/Concerns? _____ Select : DropIn (\$20) 10 Class (\$160) 20 Class (\$310)

Emergency Contact _____ Monthly auto-renew \$145 Month-at-a-time (\$149)

Cell Number: _____ Valid ClassPass.com user Optum Member

(optional) Payment: Cash C/C # _____ Exp: _____

Agreement and Waiver of Liability

I hereby agree to the following:

1. That I am participating in the Health & Fitness Classes, Programs or Workshops offered by Every Body Balance during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Exercise Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have for injury or damages that I may sustain as a result of participating in the program.
5. For In-Studio classes, the Studio's requirement is that everyone is fully vaccinated against COVID-19. If I am not fully vaccinated, then I commit to only attend Zoom (Livestreamed) classes until fully vaccinated, to protect myself and others.
6. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue for any injury or death caused by negligence or other acts.

In order to participate in classes, I will purchase from among one of the programs or membership options below:

- **12 Month Membership** for unlimited regular classes for as long as I am in good standing. I will be automatically charged on a monthly basis by credit card or debit card by Every Body Balance, or I may pay each month in advance by card, check or cash. The current Rate is \$139 billed monthly, and the membership will auto-renew. *This is a 12 month commitment, early cancellations fees will apply. 30 days advance written or email notice required to cancel, at info@everybodybalance.com.
- **Month at a Time, No Commitment Membership** for unlimited regular classes for 1 month. I may pay by cash, check, or credit card. This membership does not auto-renew; I may renew it online, by email or I may talk to a staff member to request renewal. The current Rate is \$149.00 for a month and there is no commitment; I may stop my membership at any time.
- **Monthly Auto-Renew** for unlimited regular classes for as long as I am in good standing. I will be charged on a monthly basis by credit card or debit card by Every Body Balance, or I may pay each month in advance by card, check or cash. The current Rate is \$145.00 billed monthly, and the membership will auto-renew each month. I may stop my membership at any time by providing 30 days advance written notice before the next due-date to the office, or by email to info@everybodybalance.com.
- **Class Cards**, by purchasing Drop-Ins, 5- or 10- or 20- or 30-class cards.. Payment is due at the time of purchase. Drop-Ins expire after 1 mo. Class Cards expire after 12 mos (10 or 20 or 30). **Classpass.com users affirm they hold a valid ClassPass.com account and are in good standing. If not, you hereby agree to pay the fees for all class(es) attended.**

The terms of and payment for Personal Training and special Series are not included in the standard memberships. Other terms and conditions may apply; membership and participation fees are not refundable. Every Body Balance reserves the right to change fees, rates, and class schedules at any time.

I have read the above Agreement and Waiver, and understand its contents. I voluntarily agree to the terms and conditions stated herein.

*If I choose to cancel a 12 month membership, a termination fee of one month will be charged to my account and each month of participation will be back-billed at the full no-commitment rate. The termination fee and back-bill will be due at the time of cancellation. Cancellations with less than 30 days notice will pay for another month.

DATE

SIGNATURE OF PARTICIPANT

OPTIONAL: GUARDIAN (IF PARTICIPANT UNDER 18)