



10301-10th Street Dawson Creek British Columbia, V1G 3T7
(250) 719-0777

Date: _____

1. Member Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone number: _____

Emergency Contact information: Name _____ Number: _____

2. Bank Account Information (For Auto Withdrawal Payment Options)

Account/CC Number: _____ Branch Transit Number/CC Expiration: _____

Financial Institution Number: _____ Chequing account Savings account VISA M/C

Financial Institution Name: _____

Branch Address: _____

3. Auto Withdrawal Payment Details: (You must read and sign acknowledgment)

You, the payor, authorize True North Fitness LTD to debit the bank account or credit card identified above (or otherwise provided to True North Fitness LTD for payment purposes) for the cost of your membership on a month to month basis, until your membership is paid in full.

These services are for a gym membership. All 1 year gym memberships are set to automatically renew after the 12 month period, unless you advise True North Fitness via email or in writing to stop the Auto Renewal Process. Signing a 1 year membership contract, is a 12 month commitment. If you choose to cancel your membership earlier than 12 months, you will be subject to a cancellation fee determined by True North Fitness LTD. You may however cancel your yearly membership at the end of the 12 month term with no penalty, providing notice in writing to True North Fitness. If no written notice is provided, your annual membership will auto renew for another 12 month period.

Print Member Name: _____

Signature of Acknowledgment: _____

To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca

You have certain recourse rights if any debit does not comply with this agreement. For example you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit (www.cdnpay.ca). When the form is complete, leave with the attendant or mail to:

True North Fitness LTD, 10301 10th street Unit A, Dawson Creek BC V1G 3T7



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APPROPRIATION OF RISK OR INJURY AND ACKNOWLEDGEMENT REGARDING STAFFED AND NON STAFFED HOURS AT FACILITY AND POTENTIAL LIABILITY

I, _____, understand the risk of injury from True North Fitness' activities and using any of True North Fitness' equipment is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that this is an UNSUPERVISED FITNESS CENTER and I assume all risks associated with using exercise equipment and exercising alone without the aid and presence of True North Fitness staff on the premises. I understand that True North Fitness LTD is a privately owned and operated fitness centre that has been licensed to conduct business in Dawson Creek British Columbia Canada. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS True North Fitness LTD, as well as all sponsors and advertisers, and all owners and lessors of the premises of said fitness centre, and their respective officers, affiliates, agents and employees WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE to person or property that may arise out of or in connection with my use of any of the equipment or the facilities of True North Fitness, or any incident that occurs while using said facilities, or otherwise related to my membership. I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that True North Fitness LTD is relying on this release in agreeing to enter into this Agreement.

I acknowledge that I have been examined by my medical doctor, have been given permission by my medical doctor or have decided to forgo an examination by a medical doctor, before partaking in the activities and use of equipment offered and supplied at True North Fitness.

I agree to adhere to any rules or regulations put forth by True North Fitness, regarding use of equipment, fines or fees for abuse of the facility and or on site facilities and services provided by True North Fitness. Failure to do so could result in the termination of my membership and any privilege provided by True North Fitness without reimbursement of fees.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

ADDITIONAL TERMS AND CONDITIONS – I hereby confirm that I am aware of and agree to the terms and conditions on both the front and back of this document.

NOTICE: ANY HOLDER OF THIS AGREEMENT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF, RECOVERY HEREUNDER BY THE DEBT OR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

Member Name: _____

Signature of Acknowledgment: _____

FOR PARTICIPANTS UNDER THE AGE OF MAJORITY (UNDER THE AGE OF 18 AT TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant/member, do consent and agree to his/her release as provided on the membership contract of True North Fitness, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify True North Fitness LTD from any and all liabilities incident to my minor child's involvement, or participation in the activities they may take part in, at True North Fitness.

Parent/Guardian Signature: _____ Parent name: _____

Date Signed: _____