



200 N. County St , Waukegan , IL 60085

Barcode # _____

Date _____

New Existing Member Senior Membership

I herewith purchase membership in Kingdom Fitness, independently owned and operated by Kingdom Fitness Corporation.

First Name _____ M.I. _____ Last Name _____ Birth date ____/____/____

E-Mail _____ Address _____

City _____ State _____ Zip _____ DL# _____

Primary Phone# (_____) _____ Cell#(_____) _____

How did you hear about us? _____ Is this your 1st visit to Kingdom Fitness? Yes No

BOOT CAMP MEMBERSHIPS

6 Month Membership

| | |
|---|-------------------------------|
| <input type="checkbox"/> Basic | \$62/mo – Unlimited Sessions |
| <input type="checkbox"/> Lake County Employees | \$52/mo – Unlimited Sessions |
| <input type="checkbox"/> Family – 5 or more Individuals | \$175/mo – Unlimited Sessions |
| <input type="checkbox"/> 3 Month Boot Camp | \$72/mo-Unlimited Sessions |

\$45 – Lunch Time Express Boot Camp 12:05PM ONLY M/W/F
 \$35- Workout Pass (no classes)

12 Month Membership (Get 12th month Free!)

| | |
|---|------------------------------|
| <input type="checkbox"/> Basic | \$54/mo – Unlimited Sessions |
| <input type="checkbox"/> Lake County Employees | \$47/mo – Unlimited Sessions |
| <input type="checkbox"/> Family – 5 or more Individuals | 162/mo – Unlimited Sessions |

\$38 – Lunch Time Express Boot Camp 12:05PM ONLY M/W/F
 \$85-Punch Card (12 Sessions Only)

Fitness Plus Classes

KICK-BOXING

| | |
|--|------------------------------------|
| <input type="checkbox"/> 1 Month membership Seasonal (November-February) | \$42/monthly 8 Sessions (Seasonal) |
|--|------------------------------------|

Electronic Funds Transfer Authorization

I authorize Kingdom Fitness Training Corporation to charge my account for the purpose of paying said payments due under this agreement.

Printed name as shown on account _____ Credit Debit

MC AmEx Account No. _____ Exp Date _____

Visa Disc CVV# _____

Term: This authority remains in effect indefinitely until Kingdom Fitness Training Corporation has received and acknowledged a signed cancellation form from me to stop charging my account at least thirty (30) days prior to the last billing.

Signature _____ Date _____

BILLING FOR DUES: By signing this agreement, I authorize Kingdom Fitness to bill my bank account or credit/debit card and use check draft for my monthly dues as selected above. After the indicated minimum membership term, the membership AUTOMATICALLY RENEWS MONTH TO MONTH UNTIL KINGDOM FITNESS has received and acknowledged the proper signed cancellation form from me to stop charging my account at least (25)days prior to the last billing. I acknowledge there will be a \$200 fee accessed to my credit/debit card to cancel my membership before my contract expires. I acknowledge that there will be a \$5 fee every time my card is declined for membership dues including my regular membership fee. Membership are non-transferable and absolutely no refunds.

DATE OF BILLING: Dues will be drafted monthly beginning 5 days after joining and billed on the 1st of every month.

Members Initials _____

CONSUMER RIGHT OF CANCELATION. (a) You (the buyer) have 5 business days to cancel this contract. To cancel, mail or hand deliver letter to Kingdom Fitness, 200 N. County St Waukegan Il We will not accept e-mail cancellation or by verbal notification. Do not sign this contract if there are any blank spaces above. In the event of optional services offered, be sure that any option you have not selected are lined through or that it is otherwise indicated that you have not selected these options. It is recommended that you come in an complete Kingdom Fitness proper cancellation form 25 days prior you contract ending, this will insure that you will have no additional monthly charges to your account. If you do not follow this procedure your contract will be billed on a month to month basis the same membership charges you signed for, be sure to get a signed statement from an official of Kingdom Fitness Training, acknowledging your cancellation. I also acknowledge that I may cancel my membership free of any charges due to disability, severe or terminal illness, and relocation to another state with proof from doctor and relocation.

Members Initials _____

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a **release of liability**. You expressly agree to release and discharge the **trainers, instructors and Kingdom Fitness Training Corp** from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the **trainers, instructors, Kingdom Fitness Training Corp** for personal injury, death, or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, you acknowledge that there is no refund for any personal, group, and boot camp training. I also release any pictures taken by Kingdom Fitness and will not be compensated, also they remain property of Kingdom Fitness Training Corp, and will be used for promotional uses only. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Members Initials _____

**Physical Activity Readiness Questionnaire (PAR-Q)
(The PAR-Q is for People Aged 18-69)**

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before participating in a group fitness class. If you wish to participate in Kingdom Fitness personal training, group training, or boot camp made available by **Kingdom Fitness** start by answering the seven questions in the box below. If you are between 18 and 69, the PAR-Q will tell you if you need to check with your doctor before starting to participate in the fitness pledge. **If you are 70 years of age or older, you will need to receive clearance from your physician to participate in Kingdom Fitness (Physician's Clearance Form)**

Please read the questions carefully and answer each one honestly: check YES or NO.

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (e.g. back, knee, or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If you answered YES to one or more questions:

Talk with your doctor by phone or in person in order to be cleared for participation in **Kingdom Fitness Training**. Tell your doctor about the PAR-Q and about the questions to which you answered YES.

- Share the *Physician's Clearance Form* (obtain from Kingdom Fitness employee) with your doctor in order to obtain his/her clearance to participate in **Kingdom Fitness Training**.

- Talk with your doctor about the activities that you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active – begin slowly/build gradually. This is the safest way to go.

- Take part in a fitness appraisal – this is an excellent way to determine you basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

- Note: If your health changes so that you then answer YES to any of the above questions, please consult with your doctor for a physical evaluation and request another PAR-Q form from **Kingdom Fitness**.

WARNING: I understand that if I have a history of heart disease, I should consult with a physician before utilizing the facility or joining any group exercise classes.

Name _____ Date of Birth _____

Signature _____ Today's Date _____

I have read this agreement and I have been given a copy of this agreement. This is the entire agreement between the parties and no oral statements may modify this agreement. By signing the face of this document I accept and agree to the information on all pages.

Signature _____ (Buyer or parent/guardian)

Staff to complete: Initial term begins ____/____/20____ and renews ____/____/20____

Picture taken Former Member

Accepted by _____ of Kingdom Fitness Training



Physician's Clearance Form

On the Physical Activity Readiness Questionnaire you just completed, you either indicated that you were at least 70 years old or you identified that you have one or more medical risk factors, which may impair your ability to exercise safely. Therefore, you must have a physician complete and return this medical clearance form before you can begin/continue exercising with Kingdom Fitness.

We recognize that you are eager to participate in a fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience with **Kingdom Fitness Training** to be as safe as possible. For this reason, we have implemented this policy of requiring physician's clearance that follows the current standards of the American College of Sports Medicine.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us.

To Be Completed By Program Participant

I hereby give my physician permission to release any pertinent medical information from any medical records to **Kingdom Fitness**. All information will be kept confidential.

Patient's signature _____ Date _____

Information requested for _____

Reason for requesting medical clearance _____

Physician's name _____ Phone # _____

Fax # _____ Address _____

For Physician Use Only

Please check one of the following statements:

- I concur with my patient's participation with no restrictions.
- I concur with my patient's participation in an exercise program if he/she restricts activities to:

- I do not concur with my patient's participation in an exercise program
Reason: _____

Physician's name _____

Physician's signature _____ Date _____

Please return completed form to Darnell Jones of Kingdom Fitness Training