



**MOORE**  
**FITNESS**

## Moore Fitness - Membership Terms & Conditions

### 1. Membership Tiers

We offer the following options:

- 1st Tier "Individual Lite"**: Access during open hours for one person + monthly measured accountability. (2 included measures + 1 add-on measure)
- 2nd Tier "Family Lite"**: Access for up to three persons in the same household + monthly measured accountability. (2 included measures + 1 add-on measure)
- 3rd Tier "Individual Committed"**: Lite benefits + 1 weekly group class + bi-weekly measured accountability. (2 included measures + 1 add-on measure)
- 4th Tier "Family Committed"**: Lite benefits + 1 group class per week for three household members + bi-weekly measured accountability. (2 included measures + 1 add-on measure)
- 5th Tier "Individual Ambassador"**: All Committed benefits + unlimited group classes and weekly measured accountability. (2 included measures + 1 add-on measure)
- 6th Tier "Family Ambassador"**: All Committed benefits + unlimited group classes + weekly measured accountability for three household members (2 included measures + 1 add-on measure)

### Membership Add-ons and non-membership options:

- Assisted Mobility Stretching:** \_\_\_Ala Carte \_\_\_5 pack \_\_\_10 pack
- Group Exercise Class:** \_\_\_Ala Carte \_\_\_5 pack \_\_\_10 pack

**Initiation Fee:** One-time \$45 fee applies.

**Initiation Fee:**\$\_\_\_\_\_ **Monthly Payment:**\$\_\_\_\_\_ **Total Due at Signing:** \$\_\_\_\_\_

### 2. Membership Terms

- **Subscription Renewal:** All memberships are on a month-to-month basis and will automatically renew unless canceled in accordance with our cancellation policy.
- **Family Membership:** For family memberships, all members must reside at the same address. Proof of residence may be required

### 3. Facility Use & Responsibilities

- **Access:** Members check in at the front desk during operating hours.
- **Group Classes:** Reservations recommended for all plans.
- **Conduct:** Members must respect fellow members and staff; misconduct may lead to suspension.

### 4. Health & Safety

- **Medical Clearance:** It is your responsibility to ensure you are medically fit to participate in fitness activities. If you have any pre-existing conditions, we recommend consulting with a healthcare provider or professionals at Moore Physical Therapy before engaging in any activities.



- **Waiver of Liability:** By signing this agreement, you acknowledge that fitness activities carry inherent risks, and you agree to release Moore Fitness, its staff, and Moore Physical Therapy from liability for any injuries or damages incurred during your participation.

## 5. Payment Policies

- **Billing Cycle:** Membership fees billed on the 2nd of each month. Payment methods must be kept up to date to avoid disruptions in service.
- **Late Payments:** Membership access may be suspended after 10 days of non-payment.
- **Cancellation:** 30 days written notice required for cancellations; no refunds for unused portions.
- **Membership Freeze:** Request to freeze for up to 6 months with 30 days notice.
- **Refunds:** Group class packages and assisted stretching packs are non-refundable and expire 12 months from the date of purchase.

## 6. Client Demographics & Consent

By signing, you agree to provide accurate info (name, address, email, phone) for membership management. You consent to use of your information for marketing and grant permission for promotional images.

## 7. Privacy Policy

We collect and store personal information for managing memberships and delivering services. Your information will be protected and will not be shared with third parties without your consent, except as required by law

## 8. Modifications & Termination

Moore Fitness reserves the right to modify services. Memberships may be terminated for non-compliance or disruptive behavior.

## Acknowledgment

By signing below, you acknowledge that you have read, understand, and agree to the Moore Fitness Terms and Conditions. You also agree that Moore Fitness and Moore Physical Therapy are not liable for any injuries or damages related to your use of the facilities.

**Full Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **ZIP:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Client's DOB:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Last 4 digits of Credit Card to be stored:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_