



1200 UNIVERSITY BLVD. #101 JUPITER, FL 33458

“IS REGISTERED WITH THE STATE OF FLORIDA AS A HEALTH STUDIO FACILITY”
REGISTRATION NUMBER: DTN1003891 HS4333

MEMBER'S NAME _____
(LAST) (FIRST) (SPOUSE)

M ___ F ___ BIRTHDATE _____ DRIVER'S LICENSE # _____

SOCIAL SECURITY # _____ E-MAIL ADDRESS _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ EMPLOYER _____

OCCUPTION _____ HOME PHONE _____

WORK PHONE _____ EMERGENCY CONTACT _____

EMERGENCY PHONE #'S _____ REFERRED BY _____

MEMBERSHIP AGREEMENT

MEMBERSHIP TYPE: _____ START DATE _____ ENDING DATE _____

INITIATION FEE \$ _____, PAID FULL \$ _____, IN ADDITION TO THE INITIAL MEMBERSHIP FEE

YOU ARE GUARANTEEING TO PAY MONTHLY DUES OF \$ _____ PER MONTH PLUS TAX OF (%)
_____ = \$ _____ TOTAL PER MONTH. FOR A PERIOD OF _____ CONSECUTIVE MONTHS.

Advanced Fitness and Therapy grants to the undersign member of the right to participate in a physical conditioning program and to use the facilities and services at Advanced Fitness and Therapy.

CANCELLATION AND REFUND

Any notice of intent to cancel by the buyer shall be given in writing to health studio, Such a notice of cancellation from the consumer shall also terminate automatically the consumer's obligation to any entity to whom the health studio has subrogated or assigned the consumer's contract. If the health studio wishes to enforce such contract after receipt of such showing, it may request the department to determine the sufficiency of the showing.

CONSUMER'S RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) DAYS FROM THE DATE EXCLUSIVE OF HOLIDAYS AND WEEKENDS. A refund shall be issued within 30 days of receipt of notice of cancellation within 3-day provision. Notice of cancellation shall be in writing subscribed by the buyer upon the mailing or delivery of written notice to the health studio by certified mail is recommended to the seller at the address specified in such form Advanced Fitness and Therapy. In the event of death or a physical disability sufficient to warrant cancellation of such contract by the buyer shall be established if the buyer furnishes to the health studio a certification of such disability by a physician licensed under Chapter 458,459,460 or Chapter 461 provided the diagnosis or treatment is within the physician's scope of practice. The buyer may freeze the membership one time per year for a minimum of 14 days and a maximum of two months with doctor's consent or temporary relocation and sign a freeze form prior to freezing their one-year paid in full membership. Payments are to be made consecutively while frozen and that time will be credited upon expiration of membership. Member must notify gym in writing before freezing membership. The business location of health studio not is deemed out of business when club is temporarily closed for repair or renovation: upon sale for not more than fourteen (14) consecutive days, or during ownership, for one more than seven (7) consecutive days and not more than two (2) periods of seven (7) consecutive days in any calendar year. The club may offer a refund in the form of a membership extension for that period. Cancellation and refund of a contract if the contracting business location of the health studio goes out of business or moves its facilities more than five (5) driving miles from the business location designated in such a contract and fails to provide, within 30 days, a facility of equal quality located within five (5) driving miles of the business location designated in such contract at no additional cost to buyer.

