



24 MONTH MEMBERSHIP AGREEMENT

Name of Member: _____	Home Phone: _____
Address: _____	Work Phone: _____
City: _____	State: _____ Zip: _____
Date of Birth _____	Email: _____
Employer: _____	Occupation: _____
Source: _____	Member Number: _____

This MEMBERSHIP AGREEMENT (this "Agreement") is between RICHMOND BALANCE, LLC, a Virginia limited liability company (the "Club") and the undersigned member (the "Member"). The terms "you" and "your" in this Agreement refer to the Member.

1. MEMBERSHIP TERM AND PAYMENT ARRANGEMENTS.

You agree to pay your membership dues as follows:

Membership Begins	<u> / / 2008 </u>
Membership Expires	<u> / / 2010 </u>
Initial Fee	<u> \$50.00 </u>
Current Monthly Dues	<u> </u>
Other Fee	<u> </u>
Total Due	<u> </u>
Today's Date	<u> / / </u>

Automatic Renewal Program
 After the initial term, your membership will automatically renew from month to month until either party gives (30) days written notice.

Your Payment Schedule
 Number of Payments: **24**
 Amount of Payment: **\$39.00**
 Payments are Due the 1st Day of Every Month
 Member's Initials: _____

Billing Authorization

You hereby authorize Conexion, on behalf of the Club, to withdraw via Electronic Funds Transfer (EFT) from your checking or savings account each month in payment of your membership dues and any other purchases including personal training sessions.

Account Number: _____ Routing Number: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Number of Payments: 24. Amount of Payments: \$39.00. This action will be taken beginning with the month of Feb 2008 and continuing for as long as this authorization is in effect. If your bank refuses to honor a withdrawal because there are insufficient funds in your account, you will be liable for an additional \$20 reprocessing fee. You may terminate this authorization at any time by giving notice to the Club at least 30 days before the termination is to take effect. Termination of the authorization will not relieve you of any of your obligations under this Agreement, including, but not limited to, the obligation to pay membership dues.

Informed Consent and Release

I recognize that exercise is not without some risk to the musculoskeletal system (e.g. sprain, strain) and cardiorespiratory system (e.g. dizziness, fainting, abnormal heartbeat, discomfort in breathing, abnormal blood pressure response, and in rare instances, heart attack or stroke). I acknowledge that not all risks can be known in advance. I hereby certify that I have been advised to consult with a physician before participating in any exercise program, and I further certify that I know of no medical problems, except those listed below that would increase my risk of illness or injury as a result of participation in exercise programs offered by Richmond Balance. I understand that it is my responsibility to inform the Richmond Balance manager or designated staff member of any changes in my medical condition, including but not limited to pregnancy. Upon notification to the Richmond Balance manager or designated staff member of a change in my medical condition, the staff will determine whether or not a change in my exercise program is warranted. I further understand that it is my responsibility to report immediately to a Richmond Balance staff member any signs or symptoms of discomfort and/or distress during or following an exercise program. I knowingly and voluntarily assume any and all risks associated with my participation in programs offered by or use of the facilities of Richmond Balance.

I consent to the administration of first aid, and resuscitative measure, by Richmond Balance staff.

I hereby release and hold harmless Richmond Balance, LLC, and Richmond Balance Holdings, LLC, their agents, employees, and independent contractors from any and all liability, damage, expense, causes of action, suits, claims or judgments, arising from injury, damage or loss, or claims of injury, damage or loss to me or my personal property which may arise out of my use of Richmond Balance facilities and/or their independent contractors. This release shall be binding upon my heirs, personal representatives and assigns.

I acknowledge that I am required to undergo a fitness screening test designed to determine any contraindications to exercise and to assist the staff in developing an individual fitness program for me.

I have read this entire Informed Consent and Release and accept the conditions stated herein as a requirement to participation in this program. I understand and intend that this document will act as the broadest and most inclusive assumption of risk, waiver, release of liability and indemnification as is permitted under the laws of the Commonwealth of Virginia.

Member's Signature: _____

Date: _____