

San Augustine Body Shop, LLC Fitness Center

124 East Columbia St. San Augustine, TX 75972

Louann Halbert, Owner Cell Ph. (936) 201-9848

SANAUGBODYSHOPLLC.COM

Rules & Release Form

1. All membership dues are payable **BY** the 1st of each month. Late payment will result in a \$10 fee.
2. Access: Access codes/cards are to be used **only** by the gym member(s) to whom they are issued. Any member who lets anyone, especially a non-gym member, into the gym will have their membership revoked & canceled without refund. Guests are allowed, but for safety purposes, your guest must speak with a staff member to obtain a guest pass and complete paperwork. Guests are not allowed to use a member's access pin/card, and members will be charged for unauthorized visitors.
3. Only gym members are allowed in the facility & on equipment. No one under 18 is allowed without special paperwork & an approved guardian present. No unattended children allowed within the facility.
4. Members are allowed 1 guest per day at the rate of \$10 deposited into the payment box provided. Guest must register & write name on envelope provided for \$10 payment. Anyone without paying is grounds for that person being suspended or cancelled membership & will be trespassing.
5. Membership dues must be kept current. If not, entrance code will be deactivated & there will be a \$10.00 charge to reactivate it. Monthly dues may be deposited inside payment box or paid online with credit card.
6. Load & unload weight machines properly. Ask for help, if needed. Use proper form when exercising. Do not throw, slam, or drop weights. If a machine is damaged, please notify staff or owner. You are responsible for your own safety while you are in the gym. Do not drop weights, stand, or place dumbbells on benches.
7. The gym is monitored 24 hours a day for your personal safety with a camera surveillance system. This system covers only the general areas, entrance, & exit. We are not responsible for personal items.
8. Cleaning supplies are provided for wiping down benches & equipment, if needed. Members are encouraged to bring their own towels. Do not spray cardio equipment. Spray rag first then wipe.
9. Enjoy your workout, work out safely, & use gym etiquette. No horseplay, yelling, cursing, or using inappropriate language. Do not harass other members. Do not slam weights. No Chalk! Keep pathways clear of personal items.
10. A gym attendant will be on duty: posted on door & website. Membership may be obtained from attendant & all payments may be made to attendant present or credit card on our website. Attendants are available to answer general membership questions & general equipment questions.
11. Gym owner and attendant(s) may be reached by phone at numbers posted on the door, Facebook, or our website.
12. No refunds are given on gym dues. A day used in a month is the same as attending the entire month. You have paid to use our facility, but you are responsible for attending. Written cancellations must be provided within 3 days of payment for unused time.
13. Headphones must be used/worn for any audio. Absolutely no speakers of any sort. Keep tv volume reduced.
14. You are required to wear appropriate workout clothing & footwear while in this facility. Here are general guidelines: active wear, gym shorts or workout pants, T-shirts, & shoes. Clothes must be worn in the facility 24/7 including shoes, lower body, & upper body covered. No muddy footwear, flipflops, jeans, or cutoffs.
15. We reserve the right to revoke any membership depending on the incident at our discretion.
16. Filming or photography is NOT permitted without permission from each person inside. No tripods, or other items blocking the pathways. Do not film others without consent.
17. Members must provide & have functional contact information.
18. Tobacco, smoking, vaping, alcohol, drugs, or illegal substances of any kind are not permitted in the facility.
19. Only authorized & pre-approved personal trainers are permitted to train here. Personal training/instructing isn't allowed by a member, without current and valid certifications related to personal training, CPR/First Aid, and personal insurance. Both client and trainer must be current members. Check with staff to submit paperwork and approval, have your certifications ready. Unauthorized training may result in a ban.
20. **ALL** rules apply even if you are the only person present within the facility.

Risks

I recognize that exercise carries some risk to the muscle-skeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack). I certify that I know of no medical problem (except those listed on the health questionnaire) that would increase my risk of illness or injury resulting from participation in a regular exercise program. San Augustine Body Shop, LLC Fitness Center is not responsible for injuries resulting from improper instruction by a staff member or owner. Additionally, San Augustine Body Shop LLC, Fitness Center is not responsible for injuries due to malfunctioning equipment in this facility. By signing this consent form, I understand that I am personally responsible for my actions & conduct during my tenure at San Augustine Body Shop, LLC Fitness Center, and that I waive the responsibility of this center if I should incur any injury resulting from my negligence. By signing, I have read & will abide by all the rules & regulations.

Signed _____

Date _____ 2023

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Health History Questionnaire

***PRINT** Name _____ *Date of Birth _____

Address _____ City/State/Zip _____

*Phone _____ *Email _____

Employer/Occupation _____

*Physician _____ *Phone _____

Address _____ State/Zip _____

*In Case of Emergency, Please Notify:

*Name _____ Relationship _____

Address _____ *Phone _____

*Are you under the care of a physician, chiropractor, or other health care professional for any reason? [] YES [] NO

If yes, list reason. _____

Please list any medications you are taking and the reasons, or type N/A

I am not aware of any disease or disorder that would complicate my participation in a testing or exercise program. I agree to provide a doctor's letter of approval if I am asked to.

*Member Signature _____ Date _____ 2023

Guardian Signature _____ Date _____ 2023

Desired 4-digit Pin # _____

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We do allow guests if you would like to bring someone with you. Our guest policy requires that visitors speak with staff first. See contact methods below. Or come in during staffed hours to speak with staff in person to go over your paperwork, the rules, & your payment. Each guest is required to read & sign our rule sheet & pay prior to any workouts occur, for the safety of our members! Our guest day rate is \$10.00 per day. Guest(s) can only be present with the member. Guests are not allowed to use a member's access pin/card, and members will be charged for unauthorized visitors. Of a penalty fee of up to \$250 per incident.

You can contact us via our webpage to pay directly

<https://sanaugbodyshopllc.com/getting-started>

or to contact us directly via website-

<https://sanaugbodyshopllc.com/contact>

Find us on Facebook

<https://www.facebook.com/pages/category/Local-Business/San-Augustine-Body-Shop-LLC-115227165188364/>

Or phone 936-201-9848

I have read, understood, & will abide by this policy signed & printed below.

Printed Name: _____

Signed: _____

Date: _____ 2023

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Recurring Credit/debit Card Payment Authorization * (this page is optional) only complete if you want auto draft

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize San Augustine Body Shop LLC to charge my
(Print Cardholder's Name) (Merchant's Name)

Credit Card indicated below for 1 month on the 1st of Each Month: 11 or

Billing Information

Phone # _____ City, State, Zip _____

Email _____

Card Details

Visa MasterCard Discover American Express Other

Cardholder Name _____

Last 4 #'s of CC Number _____

Billing Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify San Augustine Body Shop LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

X

SIGNATURE

Date: _____ 2023