



1757 MERRICK AVENUE, SUITE 100, MERRICK N.Y. • 516-623-4386 • FAX: 516-546-7577

Please read and fill out all the information below and sign the participation waiver on the back to begin registration.

CUSTOMER INFORMATION

Customer Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

PARTICIPANT INFORMATION

1. \_\_\_\_\_ Male/Female \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_\_\_  
 2. \_\_\_\_\_ Male/Female \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_\_\_

PAYMENT PLANS AND OPTIONS

Initiation Date:	Program:	Total Amount of Program:
Payment Made:	Date Due:	Amount Due:
1st Monthly Payment:		
2nd Monthly Payment:		
3rd Monthly Payment:		
Final Payment:		
Representative:		

Please select and initial  
**OPTION A:** \_\_\_\_\_  
*Payment in Full (PERSONAL CHECKS ACCEPTED ONLY when PAID IN FULL)*  
**OPTION B:** \_\_\_\_\_  
*Four Monthly Payments (CREDIT CARDS ACCEPTED ONLY - See Authorization Form Below)*

**\* PLEASE NOTE: \$200/10 SESSION SPECIALS MUST BE PAID IN FULL BY DATE OF FIRST SESSION**

AUTO BILL CREDIT OR DEBIT CARD AUTHORIZATION

Automatic Payment Authorization for Credit/Debit Cards

Card Holders Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Master Card                  Visa                          Amex                          Discover                          Debit  
 Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PIN \_\_\_\_\_

Monthly Draft Amount \$ \_\_\_\_\_ This is Your Monthly Payments.

*I hereby authorize monthly payments, as shown above, to be drafted from the account designated above. In the event that I change my credit card service to a different bank, different account or my credit card expires, I will notify The Annex Wellness and Fitness Center in writing at least 5 days prior to the date of my next scheduled automatic payment. As agreed on The Annex Wellness and Fitness Center agreement, I will give 30 day written notice to The Annex Wellness and Fitness Center if I withdraw from the program. I am aware that I still will be responsible for full payment of the above registered program. I understand that the Auto bill will be processed and no refunds will be given.*

*I hereby authorize drafts from my credit/debit account only as specified above.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Card Holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THE ANNEX WELLNESS AND FITNESS CENTER RULES**

- It is the responsibility of the client to call 24 hours in advance if he/she cannot make an appointment. Clients are permitted 2 no shows to an appointment, that is the client did not show or cancel his/hers appointment, then all other no shows will be charged as one appointment. If the client has a regularly scheduled time slot for his/her appointment 2 no shows will forfeit this appointment time.
- Payments are due on the first of the month. If payment is not received a \$20.00 late fee will be assessed to your account each billing cycle thereafter. The auto bill option will prevent this from happening.
- There is a \$50.00 charge for returned checks.
- We here at The Annex Wellness and Fitness Center pride ourselves for being prompt. It is the responsibility to arrive to your appointment on time as another client may be scheduled after your appointment. If you arrive tardy, your session will be shortened to keep appointments scheduled regularly. You may opt to re-schedule your appointment only 1 time when this occurs.

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

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

**ADULT PARTICIPANT:**

In consideration of participating in The Annex Wellness and Fitness Center program I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious injury including permanent disability, paralysis, or death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibilities for losses, cost, and damages I incur as a result of my participation in this activity.

I hereby release, discharge, and covenant not to sue The Annex Wellness and Fitness Center, its respective administrators, directors, agents, officers, volunteers, and employess, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered on of the "RELEASES": herin) from all liability, claims, demands, losses, or damages, on my account caused by or alleged to be caused in whole or in part of the "Releases" or otherwise, including negligent rescue operations and future agree that it, despite this release, waiver of liability, or cost, which may incur as a result of such claim. I have read the RELEASE AND LIABILITY ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance fo any nature and intend to be a complete and unconditional relaease of liability to the greatest extent allowed by law and agree that if any portion of this agreement isheld to be invalid the balance, notwithstanding, shall continue in full force and effect.

**MINOR PARTICIPANT:**

In consideration of participating in The Annex Wellness and Fitness Center program I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious injury including permanent disability, paralysis, or death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibilities for losses, cost, and damages I incur as a result of my participation in this activity. I hereby release, discharge, and covenant not to sue The Annex Wellness and Fitness Center, its respective administrators, directors, agents, officers, volunteers, and employess, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered on of the "RELEASEES": herin) from all liability, claims, demands, losses, or damages, on my account caused by or alleged to be caused in whole or in part of the "Releasees" or otherwise, including negligent rescue operations and future agree that it, despite this release, waiver of liability, or cost, which may incur as a result of such claim. I have read the RELEASE AND LIABILITY ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance fo any nature and intend to be a complete and unconditional relaease of liability to the greatest extent allowed by law and agree that if any portion of this agreement isheld to be invalid the balance, notwithstanding, shall continue in full force and effect.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL GUARDIAN/PARENT (IF CLIENT IS MINOR): \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS CONTRACT EXPIRES IN ONE YEAR FROM DATE OF SIGNATURE UNLESS OTHER WAY NOTED.**

**Parental Consents:**

AND I, the minor's parent/legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate iun such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNITY AND SAVE AND HOLD HARMLESS each of the Releasees from liability, claims, dmeands, losses or damages on the Minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent resuce operations, and further agree that if, despite this release, I, the Minor, or any one on the mInor's behalf ,makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, damage, or cost and Releasee may incur as a result of any such claim.

PRINTED NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_