



Mountain Fitness
 633 Lassen Lane, Mt Shasta, CA 96067
 Phone (530)926-6010 Fax (530) 926-6909



MEMBERSHIP APPLICATION

NAME: _____ **SS#** _____ - _____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____ **BIRTHDATE:** ____/____/____

HAVE YOU BEEN A MEMBER BEFORE? Y N (circle one) HOME PHONE _____

CELL # _____ **EMAIL ADDRESS:** _____ **DL #** _____

EMPLOYER: _____ **WORK PHONE:** _____

EMPLOYER ADDRESS: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

MEMBERSHIP TYPE	MONTHLY DUES	JOINING FEES
◇ SINGLE	\$45	\$75
◇ COUPLE	\$75	\$120
◇ FAMILY*	\$100	\$140
◇ SENIOR**	\$40	\$65
◇ SR. COUPLE	\$70	\$90
◇ STUDENT***	\$40	\$65

*FAMILY: ADD \$5 FOR EACH PERSON OVER 3 MEMBERS, PLUS \$47.00 JOINING FEE

**SENIOR: SENIOR AGE IS 60 YEARS AND OVER

***STUDENT: MUST BE FULL TIME AND PRESENT CURRENT STUDENT I.D.

YOUR EVALUATION DATE IS: _____ **AT** _____

WAIVER OF CLAIMS: It is expressly agreed that all use of **MOUNTAIN FITNESS** facilities shall be undertaken by a member at his or her sole risk, and that **MOUNTAIN FITNESS** shall not be liable for any injuries or damages to member or dependent of member or the property of any member or dependent of that member, or be subject to any claim, injury or damages whatsoever for damages resulting from acts other than grossly negligent or willful acts on the part of **MOUNTAIN FITNESS**, its officers, or agents. The member, for him or herself and on the behalf of his executors, administrators, and assigns, does hereby expressly forever release and discharge **MOUNTAIN FITNESS**, its successors, and assigns, as well as its officers and agents, for all such claims, injuries, damages, actions, or causes of action. The member named below understands there are inherent risks and potential for injury in participating in wellness at **MOUNTAIN FITNESS**, and by the member's voluntary participation he/she assumes full responsibility for any such injury or damage and will hold **MOUNTAIN FITNESS** blameless and will not pursue any legal claims, actions, suits against **MOUNTAIN FITNESS**. **THIS WAIVER ALSO APPLIES TO CLASSES OFFERED BY MOUNTAIN FITNESS (REGARDLESS OF LOCATION).**

If the applicant is under the age of 18. A parent signature is needed to authorize this membership. It is understood that the parents shall assume all financial responsibility for this membership.

SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

PRORATE DUE: _____ **AMOUNT RECEIVED:** _____

JOINING FEE: _____ **BALANCE DUE:** _____

TOTAL DUE: _____ **CARD ISSUED:** _____ (employee initials)

Hold/Cancel policy signed by member _____ (employee initials)