



2724 5th Street West Suite A
Lehigh Acres, FL 33971
Ph: 239-303-9100 Fax: 1-888-803-9101

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Employer _____ Phone _____

Email Address _____

Birth Date _____ Gender: Male Female

Marital Status _____ Weight _____ Height _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Indicate Type of Membership				
Single _____	Student _____	Senior Programs _____	*Family _____	Aquatic _____

*If selecting the Family membership, please list names below:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Please answer the following questions regarding your current exercise/activity:

- How many times per week do you exercise? _____
- How would you describe the intensity of each session? _____
- How long have you been following this exercise pattern? _____
- What types of exercise do you do? _____
- How long (in minutes) is your typical exercise session? _____
- At what intensity do you plan on exercising? Moderate (brisk walking) Vigorous (jogging)

Enrollment fee: _____ Membership type: _____ Amount of payment: _____
Check # _____ Cash _____ Credit _____ Date/Time of first workout: _____

Optimum Wellness Center

Ph: 239-303-9100

4 Week Comfort Guarantee

100% Satisfaction

You may request cancellation and full refund, for any reason, at the conclusion of the first four weeks of your memberships, provided you have accomplished the following:

- Utilized the club a minimum of three times each consecutive 7-day period (a total of 12 workouts) excluding the date of enrollment. All visits must take place at club enrollment to qualify.
- You have "signed in" on a separate member register located at the front desk on each visit to the club.

Member's Signature

Date

Note: Available on first visit only. All request for cancellations must be made to the club you joined within 28 calendar days of enrollment date. Cancellation requests may be in person by obtaining receipt of cancellation or in writing by certified mail. If member requests to cancel in person, member must meet with the club manager only. All club property and materials must be returned to the club before a cancellation request can be processed. Multiple visits to the club in one day will count as one visit only. Refunds do not apply to fees paid for personal training services, nutritional products or fee paid group exercise classes. All membership cards must be returned, or a card fee of \$15 will be deducted from any refund due.



Please return this form to:
Optimum Wellness Center
2724 5th Street West Suite A
Lehigh Acres, FL 33971
Ph: (239) 303-9100 Fax: 1-888-803-9101

INFORMED CONSENT FOR PHYSICAL FITNESS PROGRAM

Please read and sign below:

I, the undersigned, being of sound mind, understand that Optimum Wellness Center offers membership for the purpose of exercise. I consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me based upon my cardio respiratory (heart and lungs) and muscular fitness for improvement of my general health and wellbeing. I understand I will be given guidelines. If I am taking prescribed medication, I have already so informed the staff and further agree to so inform them promptly of any changes my doctor or I make with regard to the use of these during exercise. I will be given the opportunity for periodic assessment and evaluation after the start of my membership. In a maximal bout of fitness, approximately 2.5 in 10,000 chances of adverse symptoms exist. The odds of a more serious event, such as a heart attack, are approximately 1 in 10,000.

I have been informed that during my participation in any exercise program, I should cease activity if symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. I also understand that it is my obligation to inform the personnel on duty of symptoms, if any, develop. I also understand that the personnel may reduce or stop my activity program when or if any symptoms indicate that this should be done for my safety and benefit.

Participation in the exercise program may or may not benefit me directly in any way. Regular adherence to a program should increase your overall physical fitness and wellbeing; however, other factors such as eating habits, stress and activity outside of this program may also influence the desired benefits.

Any questions about your exercise program are welcome. If I have doubts or questions, I can ask an Optimum Wellness Center staff member for further explanation. Proper use of the equipment is paramount. Equipment is to be used in the way in which it is intended. For assistance with your training program and/or the equipment, please see an OWC staff member.

OWC reserves the right to suspend facility use for breach or rules or conduct, which in the opinion of OWC, is damaging to the character or interest of OWC or offensive to other patrons or staff.

Membership in the Optimum Wellness Center is voluntary. I am free to deny consent if I so desire, both now and at any point during the course of the membership. I have read this form and understand the program in which I will be engaged. I consent to participant in this program. In addition, I agree to inform the OWC staff of any future medical conditions or medication, which may affect participation in physical activity.

Furthermore, I understand that I may not hold Optimum Wellness Center or any of its employees liable for any injury or accident which may occur during or as a result of the membership. Lastly, I give the staff of Optimum Wellness Center permission to administer basic first aid in the event of an emergency.

Printed name

Signature

Date



Optimum Wellness Center

MEMBER CREDIT CARD BILLING INFORMATION

Member's Name _____ Date _____

Birth Date _____ Email _____

Billing Address (City, State, Zip) _____

Home Telephone _____ Work Telephone _____

MEMBERSHIP AGREEMENT

Start Date _____ End Date _____ Initial Fee _____

In addition to the Initial membership fee, you are guaranteeing to pay monthly dues of \$_____ per month until written notice of cancellation by member.

A provision for the penalty-free cancellation of the contract within 3 days, exclusive of holidays and weekends, of its making, upon the mailing or delivery of written notice to Optimum Wellness Center, and refund upon such notice of all monies paid under the contract, except that Optimum Wellness Center may retain an amount computed by dividing the number of occasions Optimum Wellness Center services are to be rendered into the total contract price, and multiplying the results by the number of complete days that have passed since the making of the contract, or, if appropriate, by the number of occasions that Optimum Wellness Center services have been rendered. A refund shall be issued within 30 days after receipt of the notice of cancellation made within the 3-day provision.

AUTOMATIC PAYMENT PLAN

I, _____, authorize my bank to make my payments by the method indicated below and post it to my account.

If I decide to cancel my membership after my 1-month obligation, I will advise Optimum Wellness Center in writing 30 days prior to the billing date and surrender my membership card prior to the cessation of my payments. In the event I do NOT notify Optimum Wellness Center, my membership will automatically be renewed until I decide to discontinue. At which time, I will advise Optimum Wellness Center in writing and surrender my membership card a minimum of 10 business days, exclusive of holidays and weekends, prior to my actual billing date.

I agree to allow Optimum Wellness Center to run my credit card every month.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card # _____		Exp Date _____	
Three Digit Security Code _____			