



14255 SW 42nd STREET
MIAMI, FL 33175

NEW PARTICIPANT REGISTRATION FORM

Today's Date: _____

Name: _____

Current Address: _____ City: _____ State: _____

Zip Code: _____ Gender: M or F Date of Birth: _____

Phone Number (required): _____

Email (required): _____

Occupation: _____ How did you hear about us? _____

Emergency Contact (required): Name: _____ Number: _____

Participant Type (circle one):

Price	\$175/Month Month-to-Month	\$145/Month 3-Month Contract	\$390/Month \$130/Month Upfront
Sessions	Unlimited		Unlimited for 3 Months

Discount/Other: _____

Auto Draft/Debit

As a convenience to me, I authorize my bank to make payment to Rx Fit Holdings DBA Tamiami Fitness, including monthly dues, late fees and any past due amounts. I agree that treatment of such payment shall be the same as if it were signed personally by me. Payment shall be made via the following method:

Credit Card Type (Circle One): Visa Mastercard Discover

Credit Card #: _____ CVC#: _____

Expiration Date: ____ / ____

Name as it appears on Card: _____ Billing Zip Code: _____

Signature: _____

Authorization to debit account: By signing this Client Agreement I authorize Tamiami Fitness to debit/bill/charge my account for products and services according to the terms stated in this agreement. I understand that I will be responsible for any fees charged to Tamiami Fitness for failed attempts to collect payment from my account for uncollected or non-sufficient funds including but not limited to any recovery and/or surcharge fees.

*OFFICE USE ONLY:

Photo:

Wodify Input:

Scan:

Waiver:

Reviewed:

I understand that I will automatically be drafted from my credit card monthly, and will continue to be drafted on an auto renew basis until I terminate this agreement in writing 14 days in advance of my next billing cycle (This includes Month to Month, which will be auto-renew automatically and billed.)

PARTICIPATION AGREEMENT AND STIPULATIONS

DO NOT SIGN THIS CONTRACT BEFORE YOU READ ALL OF IT OR IF IT CONTAINS ANY BLANK SPACES. YOU ARE ENTITLED TO AN EXACT COPY OF THE SIGNED CONTRACT. KEEP IT TO PROTECT YOUR LEGAL RIGHTS.

The hours of operation will be set by Tamiami Fitness and may be changed at our sole discretion. In addition, we reserve the right to make or change the rules and regulations for the operation and use of the facility. We also reserve the right to add, eliminate, substitute or alter any training program, class, trainer, employee, equipment, furniture or fixture when deemed necessary. No refunds will be given based on the termination or resignation of an employee, or any other action pursuant to this paragraph.

Client Agreement Terms:

- In consideration of my own personal athletic needs, I hereby agree to enter into an agreement with RX Fit Holdings, LLC. (DBA TAMiami FITNESS) and agree to commit the time and energy necessary to accomplish my goals.
- Classes start on the stated class time; please be 5-10 minutes early to get organized, warm up and orientated on the workout of the day. WOD starts 15 minutes after. If you show up late you may be asked to wait till the next class.
- Rates may be increased after a contract term ends. The person will be informed of the rate increase at least 15 consecutive days prior to the date of increase.
- Failure to use your sessions does not constitute a refund.
- Member will be required to pay any remaining balance in full prior to ending this Client Agreement.
- If doing a termed agreement with a special rate, member cannot cancel or terminate prior to the contracted date. You can place your account on Hold for a 30 consecutive days period for up to 90 consecutive days, only once a year. No Holds will be placed for less than one month. A fee will be accessed per hold/freeze of \$25.00/month. If a person does not put a hold on their account, the account will be deactivated. Once the account is deactivated, the returning member may be required to pay the entire contract or be subject to a rate increase.
- Ending your membership: You can end your non-commitment contract by providing written notification via email – info@cftamiami.com. Commitment contracts will be terminated AFTER the entire contract fee has been collected. If terminating prior to contract date a termination fee of \$175.00 will be accessed. You must cancel your membership 14 days prior to the next billing cycle.
- If by any reason of permanent disability, the participant is unable to complete the training program, he / she shall be relieved of the obligation of making payment other than for the services performed prior to onset of disability, with the proof of a doctor or physicians note.
- I consent to be photographed at RX Fit Holdings, LLC. (DBA TAMiami FITNESS). I further authorize that photographs may be published for any purpose in any form.

I reserve the right to receive a copy of my Participant Agreement at any time. I have read the terms of this Agreement and agree to abide by its terms.

Client Authorization:

Sign: _____ Print: _____ Date: ____/____/____