



2008-2009

MEMBERSHIP AGREEMENT/ATHLETIC PROFILE/FEE SCHEDULE

Name of Applicant: _____ Birth Date: _____

Address: _____
Street Apt.

City Province Postal Code

Telephone: (H) _____ (W) _____ email- _____

Medical History: (include allergies, operations, joint/muscle pain etc...write on back of sheet if required)

Goals/Ideals: (State goals and ideals. List event dates and distances...write on back of sheet if required.)

CONTRACT AND WAIVER...PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge that swimming/running/cycling/weights and training for sport is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. I hereby assume the risk of participating in the training and other activities recommended by Duane Jones and his Technosport staff. I certify that I am physically fit, am sufficiently trained for participation in this program and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this waiver are true.

I acknowledge and accept the risk associated with rigorous physical training. I waive, release and discharge Duane Jones and Technosport from any and all claims, losses, or liabilities including but not limited to death, personal injury, disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic loss, which does or arise out of or relate to my participation in this training program.

This waiver is binding on my heirs executors and assigns.

I agree not to sue any of the persons or entities associated with Technosport.

SERVICE CONTRACT AND FEE SUMMARY

MEMBERSHIP	\$ _____
REGISTRATION	\$ _____
SWIMMING	\$ _____
RUNNING	\$ _____
SPINNING	\$ _____
NUTRITION	\$ _____
WEIGHT TRAINING	\$ _____
INTEGRATED COACHING	\$ _____
PERSONAL TRAINING	\$ _____
POSTED DATED CHEQUES RECEIVED IN THE TOTAL AMOUNT OF:	\$ _____

NOTES _____

I agree to pay my bill prior to the anniversary day of the sign up period.

Miscellaneous Expenses and Service Charges: For early returning members registration, all program fees are due upon registration, prior to September 1, 2008. Any overdue accounts will be subject to a monthly interest charge of 2%. Other expenses beyond those listed herein (clinics/camps, etc.) are due upon registration for the event and are not included in membership unless otherwise stated. There will be a \$25.00 charge for any cheque that does not clear the bank. Discontinuances or Program Change: There will be no refunds for discontinuances but you may arrange to carry over your program to the next year or change your program by giving written notice before the end of the period. There will be a \$25.00 charge for a program change and you will receive an adjusted statement to reflect the monthly rate for any program at the 4 month minimum. I hereby affirm that I am (18) years of age or older. I have read the document and understand its contents.

I HAVE READ AND AGREE TO THE WAIVER AND SERVICE CONTRACT.

_____ Date _____ Print Name _____ Applicant's Signature

If applicant is under 18 years of age, signature is required on behalf of applicant. _____

Parent's Signature