

Connection Corporate Fitness.
HSBC BUILDING 885 West Georgia St.
Vancouver, B.C., V6C 3G1 Canada
Tel.: 604.684.2348
www.connectionhealth.ca

▶ Membership Number:

Fitness Club Membership Application Building Security Card: _____

Please Print:

Last Name: First Name: Sex: M F

Home Address: City: Postal Code:

Mobile Phone: Business Phone: Birth Date:

Who to contact in case of emergency: Phone:

COMPLETE THE FOLLOWING: e-mail: _____

Company Name:

Mailing Address: City: Postal Code:

▶ Type of Membership:

I hereby agree to pay for the term of my membership.

from _____ 20 to _____ 20 in the amount of \$ _____
GST (5%) \$ _____
Locker Fee \$ _____
Security Card \$ _____
Total \$ _____

CONSENT FORM

The facilities and exercise programs offered by Connection Corporate Fitness. have been designed to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of the members. I understand that the facilities and equipment must be used in a proper manner in order to minimize the risk of injury. This may be achieved through thoughtful and cautious use of the premises. Membership card must be shown, if requested.

I acknowledge the existence of the need for certain rules concerning the use of the facilities and I undertake to read those rules and abide by them.

In consideration of my being permitted as a member of Connection Corporate Fitness, I myself, my heirs, executors, administrators, successors and assigns, do hereby release and forever discharge, waive and save harmless, protect and keep indemnified, Park Place Health Club Inc (Connection Corporate Fitness). and all their respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses, and demands in respect of death, injury, loss or damage, to my person or property however caused arising out of my being permitted to attend at or in any way take prior to, during or subsequent to programs and / or activities as a member.

I acknowledge that the membership fee may be increased from time to time upon the expiry of my current membership. I understand that I may cancel my membership to the fitness centre upon completion of the cancellation form, and submitting it to Connection Corporate Fitness.

I understand that membership fees are non-refundable except for medical reasons, provided that a written undertaking from a qualified physician stating same is submitted.

Signature _____ Date _____ Staff _____