

# Dallas Military Fitness

## Application & Membership Agreement

|               |  |       |        |     |
|---------------|--|-------|--------|-----|
| Name          | _____  |       |        |     |
|               | Last   | First | Middle |     |
| Address       | _____  |       |        |     |
|               | Street   | City  | State  | Zip |
| Phone & Email | ( _____ )  |       |        |     |
|               | Phone Number (best number to reach you) & E-mail Address |       |        |     |
| Date of Birth | ____/____/____   | TDL#  | _____  |     |

Check One:

\_\_\_\_\_ Full Program: **\$200.00** Initial Month, **\$100.00** per month thereafter.

\_\_\_\_\_ Saturday Only Program: **\$100.00** Initial Month, **\$50.00** per month thereafter.

Fees are due on the 1<sup>st</sup> training day of each month, no refunds, no pro-rations. Fees and class schedule are subject to change periodically. Please make all checks payable to Dallas Military Fitness or pay online thru PayPal at [www.DallasMilitaryFitness.com](http://www.DallasMilitaryFitness.com) Checks, money orders, cash are online payments are accepted. Credit cards are accepted on-line only through PayPal.com

YOU MAY QUIT AT ANYTIME  
THERE ARE NO REFUNDS - PERIOD!

- Applicable law: Texas law governs this contract.
- Complete Agreement & Severability: This contract constitutes the full agreement between yourself and Dallas Military Fitness ("DMF"), and no oral promises or other agreements are made part of it.
- Valuable and Personal Property: You agree that DMF its associates, employees and other members are not responsible for the loss of theft of valuables and personal property that you bring to the site.
- Waiver and Release: You acknowledge that any type of physical fitness program can be dangerous. Injury & death can result. You acknowledge that DMF shall not be held liable for any injury or harm resulting from attendance and participation in our program. If you are aware of ANY health problems, we urge you to see your health care professional before becoming a member and participating in DMF. In addition, you must make all DMF instructors aware of any health concerns that you might have. You hereby release any municipality or private land owner from liability on which a class is held if injury or death occurs.
- Consumer Contract: Any holder of this consumer contract is subject to all claim and defenses which the debtor could assert against the seller of goods and services obtained pursuant hereto or with the proceeds hereof, recovery hereunder by the debtor shall not exceed the amount paid by debtor hereunder.
- Right to Cancel: DMF reserves the right to change the class schedule without notice and to cancel classes due to weather, holidays, and circumstances beyond the control of the staff. DMF is a team oriented program that requires a minimum number of members per class to conduct a session. If, for any reason, a class does not make the minimum number required, DMF may cancel at anytime without notice or refund.
- Restrictions: DMF reserves the right to cancel, reject, and revoke membership to any person whose health creates a danger or safety risk to themselves.
- Termination: Any member that does not act in accordance with the proper class decorum, as deemed by the instructor, will be dismissed without regard or refund.
- Fees: All training fees are due in advance of training unless agreed upon prior to attending.
- Photos: DMF will use photos taken of individuals in class for various forms of media. Your signature below is your release to use your photo, if selected.
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\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dallas Military Fitness Rep

\_\_\_\_\_  
Date

## Dallas Military Fitness Health & Fitness Profile

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: \_\_\_\_\_ Do you smoke: \_\_\_\_\_

Have you had or do you currently have any of the medical conditions listed below?

|                        | Yes | No |
|------------------------|-----|----|
| Heart Disease          |     |    |
| Anemia                 |     |    |
| Diabetes               |     |    |
| Joint Pain             |     |    |
| Hernia                 |     |    |
| Fainting Spells        |     |    |
| Bleeding               |     |    |
| Chest Pain             |     |    |
| Back Pain              |     |    |
| High Blood Pressure    |     |    |
| Epilepsy               |     |    |
| Asthma                 |     |    |
| Shin Splints           |     |    |
| Heart Murmur           |     |    |
| Swelling in feet/knees |     |    |
| Abnormal EKG           |     |    |

Additional medical conditions not listed above:

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If YES to any of the above, please elaborate:

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List any past history of hospitalizations or serious injuries:

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Are you currently taking any prescription(s) or over the counter drugs? If so, list them:

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Do you walk or run now? How far and how often?

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What is your current exercise program?

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What, in your opinion, is your current state of fitness?

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How did you hear about Dallas Military Fitness?

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PERSONAL GOALS THAT YOU WISH TO ATTAIN WHILE IN DALLAS MILITARY FITNESS:

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