



MEMBER DETAILS

Name & Surname: _____

ID Number: _____ Date of Birth: _____

Gender: _____ Occupation: _____

Physical Address: _____

Tel: _____ Email: _____

Emergency Contact Name and Number: _____

Medical Aid: _____ Medical Aid Number: _____

MEMBERSHIP

I, the undersigned, hereby confirm that the information provided by me and contained in this membership agreement is correct and further confirm that I have read, understood and accept the terms and conditions of members which are attached hereto. I further warrant that I am medically fit to proceed with the normal routine of exercise and accept that it is my responsibility to seek medical advice before participating in any program or class offered by Ringside Boxing Gym. I/We hereby agree to the annual change adjustments of the debit order to account for annual increases of 8% - 10% in subscriptions on the 1st September each year.

Signature: _____ Date: _____

TRAINING OPTION

PLEASE MARK THE CORRECT BOX WITH 'X'

PAYMENTS ARE STRICTLY BY DEBIT ORDER

3 Month Contract R1275.00 per month

6 Month Contract R1115.00 per month

12 Month Contract R900.00 per month

Personal Trainer AS PER TRAINER

OR R250.00 per 30min

***GYM FEE R480, ONLY 1:1**

3 Month Student R800.00 per month

6 Month Student R620.00 per month

12 Month Student R525.00 per month

PLEASE MARK THE CORRECT BOX WITH 'X'

Family - 2 Members

12 Month Contract R1325.00 per month

6 Month Contract R1550.00 per month

3 Month Contract R2025.00 per month

Family - 4 Members

12 Month Contract R2250.00 per month

6 Month Contract R3025.00 per month

3 Month Contract R3950.00 per month

ADMIN FEE : R600.00

*ADMIN FEE PERTAINS TO ALL MEMBERS THAT CANCEL AND REJOIN

initial here _____



CANCELLATION POLICY

A STRICT ONE MONTH NOTICE PERIOD (NOT LESS THAN 20 WORKING DAYS) IS REQUIRED. THE NOTICE MUST BE IN WRITING. THIS IS REQUIRED FOR ALL CONTRACTS (3-6-12 MONTH AGREEMENTS) THE NOTICE MUST BE GIVEN BEFORE THE FORMAL CANCELLATION WILL APPLY

Contracts will continue to be debited on a month to month basis until written cancellation is received. A cancellation fee of 50% of the remaining value of the cancelled contract will be debited to the members account upon cancellation of the debit order, payable together with the notice period change.

No pausing of contracts will be permitted for any unforeseen injury or illness.

I/We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the agreement. I/We shall not be entitled to any refund amounts which you have withdrawn while this authority was active.

EG: If you cancel the 12 month contract in the month of June, you will pay the 1 month notice as per normal of R580 for the last month of training (July) and a cancellation fee of 50% of the remaining value of cancelled contract. 5 Months (August - December) x 580 / 2 = R1450.00

Family memberships are strictly for immediate family members only. Should two/three or four friends sign up together. One of the members will take full responsibility for the total debit order amount and the responsibility will be with that member to collect any amounts outstanding on a monthly basis.

Full Name: _____

Date: _____

Signature: _____

Special Conditions

Should the premises at any time during the currency of this agreement be damaged or destroyed or if access is prevented by a vis major, casus fortuitous or any other cause outside of the control of Ringside Boxing Gym cc, the club will continue its obligation in terms of this agreement at an alternative venue or via electronic media.

Signature: _____



SHED THAT SPREAD

CLIENT:

Shed that Spread (Pty) Ltd Trading as
Shed that Spread

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder) _____
Address _____
Bank _____
Branch and Code _____
Account Number _____
Type of Account Current (cheque) / Savings / Transmission
Amount _____
Date _____
Contact Number _____

Abbreviated Name as Registered with the Bank: **SHEDTHAT**

This signed Authority and Mandate refers to our contract dated ("the Agreement").
I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

(Assisted by)

Agreement reference number is _____



WAIVER, RELEASE & ASSUMPTION OF RISK FORM

This form is a legal document. It explains the risks you are assuming by beginning an exercise program and are entering our premises. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided.

Waiver, Informed Consent & Covenant Not To Sue

I,, with
identity
number:.....have volunteered and out of free will agree
to participate in a program of physical exercise / training under the direction of The Ringside Boxing Gym, its
members and employees, which will include, but may not be limited to, weight, resistance, aerobic, anaerobic
and/or boxing training, including sparring. I enter the facilities of The Ringside Boxing Gym at own risk. I also
participate in ALL activities at MY OWN RISK.

I agree and understand that The Ringside Boxing Gym, its members and employees to instruct, assist, and train me
and I hereby release, discharge, hold harmless and not accountable The Ringside Boxing Gym, its members and
employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising
out of or connected with participation in this or any exercise program including injuries resulting there from.
I understand that I cannot hold The Ringside Boxing Gym liable for damages arising out of training and
using the facility, as specified above and I use and enter the premises at my own risk.

I understand and am aware that strength-, flexibility-, aerobic-, anaerobic and boxing training, including the use of
equipment, and are potentially hazardous activities. I also understand that fitness activities involve a risk of
injury & even death, and that I am voluntarily and fully aware and informed and still choose to participating in these
activities and the use of equipment and machinery with the knowledge of the dangers involved and totally at
my own risk.

I hereby agree to expressly assume, accept all and any risks of injury or death with full knowledge of the risks
involved, if any.

I hereby declare myself to be physically sound/fit and suffering from no condition that would prevent my participation
in any training and program or the use of machinery or equipment situated at The Ringside Boxing Gym.

I acknowledge that I have either had a physical examination and have been given doctor's permission to participate,
or that I have decided to participate in activity and use machinery and equipment without the approval of my
doctor and at my own risk.

I, personal assume all responsibility for my participation or activities, and utilization of machinery and equipment in
my activities at The Ringside Boxing Gym and activities associated in the training programs associated by
The Ringside Boxing Gym.

I, hereby indemnify The Ringside Boxing Gym from all claims, damages claims and actions.

I ACKNOWLEDGE AND UNDERSTAND THAT I HAVE THOROUGHLY READ AND UNDERSTAND
THE WAIVER AND RELEASE & FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. BY SIGNING
THIS DOCUMENT I AM WAIVING ALL AND ANY RIGHTS MY SUCCESSORS OR I MIGHT HAVE TO BRING A
LEGAL ACTION OR ASSERT A CLAIM AGAINST THE RINGSIDE BOXING GYM, ITS MEMBERS AND EMPLOYEES.
I WAIVE ALL RIGHTS TO LEGAL AND DAMAGE ACTIONS.

PARTICIPANT'S SIGNATURE:
.....

PLEASE PRINT NAME:
.....

IDENTITY NUMBER:
.....