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	R1350.00 per month	☐
6 Month Contract	R1180.00 per month	☐
12 Month Contract	R955.00 per month	☐
Personal Trainer	AS PER TRAINER	☐
OR	R265.00 per 30min	☐
****GYM FEE R510, ONLY 1:1***		
3 Month Student	R850.00 per month	☐
6 Month Student	R660.00 per month	
12 Month Student	R560.00 per month	☐

PLEASE MARK THE CORRECT BOX WITH 'X'

Family - 2 Members

12 Month Contract	R1405.00 per month	☐
6 Month Contract	R1645.00 per month	☐
3 Month Contract	R2150.00 per month	☐

Family - 4 Members

12 Month Contract	R2385.00 per month	☐
6 Month Contract	R3200.00 per month	☐
3 Month Contract	R4190.00 per month	☐

ADMIN FEE : R640.00

*ADMIN FEE PERTAINS TO ALL MEMBERS THAT CANCEL AND REJOIN

initial here _____

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:
.....

The Ringside Boxing Gym CC
(CK no. 2011/09597/23)
Members: Tyron Koen

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:_____

DEBIT ORDER DETAILS

**** All details to be filled in***

Account Name:_____

Bank:_____

Account Number:_____

Branch Number:_____

Account Type:_____

I / We hereby authorize you debit my / our account with the above mentioned banking details (or any other bank or branch that I / We may change to) the sum of R..... on the first working day of each month, for a period of ..... months commencing on .....

I / We hereby authorize your agent to debit my / our account on your behalf.
I / We understand that any amounts withdrawn while this agreement was in force is owing.
I / We hereby agree that the party hereby authorized to debit my bank account may not cede or assign any of it's rights and that I / We may not cede any of our obligations in terms of this debit order instructions to any third party prior written consent of the authorized party.

Full Names:_____

Identity Number:_____

Date:_____ Signature:_____

E+OE