



Membership Contract

Your name & surname			
Contact number			
Email Address			
D.O.B		Work Number	

Residential address	
Postal address	

Emergency Contact		Cell Number	
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Membership:

Unlimited	R 1090	<input type="checkbox"/>
Student / Teacher / Law Enforcement / Emergency Services / Pensioners (15% Discount*) **	R 940	<input type="checkbox"/>
Couples Rate	R 1 850	<input type="checkbox"/>
13 sessions a month	R 870	<input type="checkbox"/>
Student / Teacher / Law Enforcement / Emergency Services / Pensioners (15% Discount*) **	R 755	<input type="checkbox"/>
Couples Rate	R 1 520	<input type="checkbox"/>
Gym membership add on	R 150	<input type="checkbox"/>

* Only One Discount | ** Student Card / Registration Papers / Credentials must be provided | Terms & Conditions Apply

Fees are due by the 1st of each Month. One Calendar Month notice is required.

Signed at (place)	
Date of signature	
Signature	



Terms & Conditions

Cancellation of contract:

If you wish to cancel your contract at the end of your term, we require a calendar months' notice in writing. Early cancellation will result in a penalty fee calculated on outstanding monthly debit orders for the remainder of the contracted term.

Debit Order Payment:

The monthly fee will be debited on the specified date and will be in advance. If the debits order fails to go through it will go off as soon as the funds are available. Payment details and fee specified on the Debit Order Mandate Form.

Fees charged may be subject to change which may occur from time to time. Such increases will typically be applied on the annual anniversary of the membership contract. All increases will be done in writing and appear in the new annual contract.

Waiver, informed consent, and covenant not to sue

This form is an important legal document. It explains the risks you are assuming by partaking in the Iron Gate CrossFit-training program. 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.

I, the undersigned, have volunteered to participate in a program of physical exercise under the direction of Iron Gate CrossFit Instructors, which will include but may not be limited to, weight and/or resistance training. In consideration of Iron Gate CrossFit agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold Iron Gate CrossFit, harmless from any and all claims, demands, damages, rights to action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefore.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that the fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I indemnify the Iron Gate CrossFit training methods and the premises in which the program is conducted and I hold them harmless against any claims that may arise as a result of my participation in this program. I hereby agree to expressly assume and accept any and all risks of injury or death.

- I hereby further declare myself to be physically sound and suffering from no condition that would prevent my participation or use of machinery or equipment.
- I hereby further declare that I have not had a physical examination and have chosen to participate.
- I hereby further declare that I will participate without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of machinery and equipment in my activities.
- I hereby indemnify Iron Gate CrossFit.

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right my successors or I might have to bring a legal action or assert a claim against Iron Gate CrossFit

Use of pictures(s)/film/likeness: I agree to allow Iron Gate CrossFit, its agents, officers, principals, employees and volunteers to use picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Iron Gate CrossFit of this in writing.

I have read and understand the Terms and Conditions of the contract and acknowledge that this is a legally binding document.

Printed Full Name	
ID Number	
Date of signature	
Signed at (place)	



Signature	
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First timers Questionnaire:

We are interested in your comments and suggestions. Please take a few minutes to answer the following questionnaire. The results will be used to improve future Foundations Classes.

Did your Foundations Class meet your expectations in the following areas:

0 unimpressed → 10 very impressed

1.	What was your first impression of the box?	0	1	2	3	4	5	6	7	8	9	10
2.	Were you made to feel welcome as you arrived?	0	1	2	3	4	5	6	7	8	9	10
3.	Was it easy to correspond with the box to arrange times for the foundations?	0	1	2	3	4	5	6	7	8	9	10
4.	Quality of the material covered in the foundations?	0	1	2	3	4	5	6	7	8	9	10
5.	Do you have a better understanding of the basic CrossFit movements than when you arrived?	0	1	2	3	4	5	6	7	8	9	10
6.	Was the coach knowledgeable and able to answer your questions?	0	1	2	3	4	5	6	7	8	9	10

-- Would you refer us to family and friends? Yes No

-- Do you have any comments or suggestions?



Iron Gate CrossFit (Pty) LTD T/A Iron Gate CrossFit

Bank Debit Order Instruction

Name (Debtor) :	_____	Date :	_____
Address :	_____	Contract No. :	_____
	_____	Debit Amount :	_____

Contact No :	_____	Abbreviated name as registered with the bank :	IG CROSSFIT

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : _____

BRANCH
TOWN : _____

BRANCH
NO. : _____

ACCOUNT
NAME. : _____

ACCOUNT
NO. : _____

TYPE OF
A/C : _____

(savings,current,
transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as



follows

On the 25th / 05th day ("payment day") of each and every month commencing on _____ . In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

I / We understand that the withdrawals hereby authorised 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. 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.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 to 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 _____ 20____

_____ Signature

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Assisted by:
FOR OFFICE USE
AGREEMENT REFERENCE NUMBER
This Agreement reference number is:
