

# VERTICAL ENDEAVORS MEMBER AGREEMENT

Are you currently a Member? **YES / NO**

Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

NAME \_\_\_\_\_

(PLEASE PRINT LEGIBLY)

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

(Vertical Endeavors will not sell your email address)

Female / Male BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

How did you hear about us? Circle one: Post card mailing - Newsletter - Gym postings - VE staff - Friend

Other \_\_\_\_\_ Web Site - Email reminder - REI -

Why did you choose to purchase a VE membership? \_\_\_\_\_

Person to be notified in case of illness or injury:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_

Family Membership:  
List dependants & Birth Date  
(Please dependants print full name)

Do you have any medical conditions? **YES / NO** If so, what are they? \_\_\_\_\_ Do you have medical insurance? **YES / NO**

## AGREEMENT

1. All sales final, no refunds.
2. I have signed an "Assumption of Risk" waiver.
3. I have signed a rules form.
4. Participation in this sport or facility involves certain risks and I agree to waive responsibility for any injuries.
5. The information I have provided on this form is current, factual and complete.
6. Members must show their membership key tag when entering the facility and picture ID if requested.
7. I understand this membership is non-transferable.
8. I agree to pay a \$5.00 replacement cost for a new membership key tag if lost or stolen.
9. I understand that this membership will not be suspended or put on hold for any reason due to injury, accident, relocation or pregnancy.
10. Definition of FAMILY membership is: Legally married couple living at the same address & legal dependants 17 years of age or younger.
11. As a member of VE you are eligible for a 15% discount on regular priced pro-shop items.
12. Members are eligible for event and clinic discounts.

My signature indicates that I have read, understand and agree to the above.

Signature \_\_\_\_\_

(Parent or Legal Guardian, if participant is under 18 years of age.)

Date \_\_\_\_\_

Yearly (\$469) \$ \_\_\_\_\_

Family Yearly (\$799) \$ \_\_\_\_\_

3 Month (\$189) \$ \_\_\_\_\_

6 Month (\$249) \$ \_\_\_\_\_

3 Month Family (\$299) \$ \_\_\_\_\_

6 Month Family (\$449) \$ \_\_\_\_\_

3 Month Student (\$149) \$ \_\_\_\_\_

Till Receipt # \_\_\_\_\_

Referred by \_\_\_\_\_

Mgr \_\_\_\_\_

New Member Letter Mailed \_\_\_\_\_