



Orofino Physical Therapy and Wellness  
Membership Agreement

Member # \_\_\_\_\_  
Code: \_\_\_\_\_

Member Information

Name: \_\_\_\_\_ (The "Member") Gender: Male Female  
Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Employer: \_\_\_\_\_  
Best contact Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Membership Payment Agreement

Enrollment: \_\_\_\_\_ Monthly Dues Start: \_\_\_\_\_ months  
Processing: \_\_\_\_\_ Initial Term: \_\_\_\_\_ months  
Prepaid Dues: \_\_\_\_\_ Initial Term Ends: \_\_\_\_\_  
1<sup>st</sup> Month: \_\_\_\_\_ Monthly Dues Amount: \_\_\_\_\_  
Last Month: \_\_\_\_\_ Amenities:  Gym Access 24/7  limited hours  # visits  
Prorated Dues: \_\_\_\_\_  Patient/member  
Subtotal: \_\_\_\_\_ If Paid in Full (PIF): Paid Months \_\_\_\_\_  
Tax: \_\_\_\_\_ Free Months \_\_\_\_\_  
Total Today: \_\_\_\_\_

EFT Authorization

I hereby authorize Orofino Physical Therapy & Wellness or its' agent to draft, via Electronic Funds Transfer, the amount of \$ \_\_\_\_\_ per month for a period of \_\_\_\_\_ continuous months. I also understand that immediately following the initial term of this agreement my dues will continue every month on a month by month basis until Orofino Physical Therapy & Wellness is served with a written request for cancellation. All written requests to cancel must take effect no sooner than 30 days from the date noticed was postmarked. I further understand that if I am submitting my cancellation prior to the date indicated in the "Initial Term Ends" portion of this agreement that my cancellation will not be processed until that date. A cancellation form may be picked up at the location of your choice. Paid in Full (PIF) memberships will be renewed automatically by Electronic Funds Transfer at the end of the initial term, for the amount of \$ \_\_\_\_\_ for the same term as initial term period, unless cancelled in writing 30 days prior to "Initial Term Ends" date listed above. In addition Member agrees to the above stated provisions & the annual Facility Improvement Fee (FIF) of \$35.00 every year that they are a member as a condition of being a member. The annual Facility Improvement Fee (FIF) is drafted according to the month you are enrolling on the following basis:  
Enrollment in Jan-Feb-Mar = FIF is due on April 1<sup>st</sup>  
Enrollment in Apr-May-June = FIF is due on July 1<sup>st</sup>  
Enrollment in July-Aug-Sept = FIF is due on Oct 1<sup>st</sup>  
Enrollment in Oct-Nov-Dec = FIF is due on Jan 1<sup>st</sup> **I understand and agree to the annual Facility Improvement (FIF) as noted above: Initials \_\_\_\_\_**

Name as it appears on account: \_\_\_\_\_ Account # \_\_\_\_\_ Routing # or CVVC \_\_\_\_\_  
Street address of billing: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Circle one Checking - Savings

Buyers Right to Cancel

If you wish to cancel this contract, you may cancel by providing written notice by certified or registered mail to Orofino Physical Therapy & Wellness, P.O. Box 2546, Orofino, ID 83544. This notice must say that you do not wish to be bound by this contract and must be postmarked within 3 business days from the date on this agreement. The processing fee paid at time of enrollment is nonrefundable even if cancelled within the authorized 3 business days. If 3 day right to cancel is executed, reimbursement of the initial amount paid (minus processing fee) will be made within 30 days of postmarked date of notice by check or credit card reversal. Initials \_\_\_\_\_

Acknowledgement of Responsibility

You acknowledge and agree that non-members are not allowed within any Orofino Physical Therapy & Wellness facility outside of staffed hours (Mon-Fri 8am - 5 pm) If you are discovered bringing in or allowing a non-member access to any Orofino Physical Therapy & Wellness facility outside of those staffed hours you agree to pay a \$50 fine per incident. You further agree that \$50 fine may be deducted from the account you have on file as you billing method within 7 days of incident. Being issued a fine is not a release of contract and in no way releases you from the above term of this agreement. Lastly, you understand that after 3 incidents of being issued a fine that you may be banned from the property of all Orofino Physical Therapy & Wellness facilities. Being banned does not release you from your contract obligations listed above. Initials: \_\_\_\_\_

Release of Liability

The undersigned acknowledges that the use of equipment, food, and nutritional products and services involves an inherent risk of personal injury. The undersigned agrees to assume all risks of personal injury to the undersigned, his or her spouse, children, other family members, guests or invitees waives any and all claims that the undersigned may have against Orofino Physical Therapy & Wellness or any of its agents or successors and assigns (a Orofino Physical Therapy & Wellness Party) for any such personal injury (and no Orofino Physical Therapy & Wellness Party shall be liable to the undersigned or his or her spouse, children, unborn children, and other family members, guests or invitees for any such personal injury) including without limitation (i) injuries arising from the use of any exercise equipment, or machines (ii) injuries arising from participation in supervised or unsupervised activities & programs in exercise rooms, shower rooms, weight rooms, or other areas of any Orofino Physical Therapy & Wellness facilities, (iii) injuries or medical disorders resulting from exercising at any Orofino Physical Therapy & Wellness facilities including heart attack, strokes, heat stress, sprains, strains, broken bones, and torn or damaged muscles, ligaments or tendons or (iv) accidental injuries within any Orofino Physical Therapy & Wellness facilities, including locker room, dressing rooms, office, workout or cardio area. No Orofino Physical Therapy & Wellness Party shall be liable with respect to any personal property that is damaged, lost, or stolen while on or around Orofino Physical Therapy & Wellness facilities premises including, but not limited to, a vehicle or its contents on any property left in a locker room or on your person.

**Do not sign this Agreement until you have read the applicable sections listed on the reverse side of this agreement. Member is entitled to a completely filled in copy of this Agreement.**

Member Signature

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employee Signature

Parent or Guardian Signature

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_