

FALL 2009/WINTER 2010 CLINIC PAYMENT PLAN

By signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, the Member/Guest elects to use Sport & Wellness and acknowledges and accepts the risk inherent on the use of any and all club services, apparatus, appliances, facilities and activities. The Member/Guest voluntarily and expressly assumes the risk of injury, accident, death, loss, cost or damage to the Member/Guest or their property which might arise from use of the club or its services, facilities, apparatus, equipment, or activities. The Member/Guest releases Sport & Wellness LLC, its directors, officers, shareholders, representatives, agents, and employees from all claim, liabilities, loss, damage, costs, and/or causes of action, including but not limited to all bodily injury and property damage, whether or not it is consented. The club, its agents, representatives, or employees, or their negligence, contributed thereto in whole or part, or was responsible therefore.

The Member/Guest certifies that he or she is in good health and is able to undertake and engage in physical exercise and/or sports activities in which he or she chooses to participate. Any and all pre-existing medical, physical, and/or mental conditions must be submitted in writing to Sport & Wellness, LLC prior to such participation.

The Member/Guest assumes the responsibility of payment for any and all registered programs, clinics, camps, and series. Any cancellations must be received seven (7) days prior to the start date of the program in order to receive deposit refunds. Sport & Wellness reserves the right to change, cancel, and/or reschedule any programs, at any time.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I/We hereby give the privilege of making payments to Sport & Wellness, LLC, under the Company's Preauthorization Payment Plan and hereby request the Company to draw items (checks, electronic funds transfers, or credit cards) for the purpose of paying said payments on the first of the month on the account of:

VISA **MASTERCARD** **DISCOVER** **AMEX** **Checking/Savings Account**

Credit Card Number: _____ Expiration Date: _____

Bank Account Number: _____ Transit Number: _____

I understand that the above account will be debited for the balance due, per session registered, on the first of the session month, unless balance has otherwise been paid in full. For all check payments in full, please make checks payable to Sport & Wellness, LLC.

Signature Authorization

Printed Name

Deposit: \$_____ Cash/ Check/ Credit Card Date: ___/___/___

Total Paid: \$_____ Cash/ Check/ Credit Card Date: ___/___/___

Balance Due: \$_____ Paid in Full / EFT

