

CrossFit Generation Membership Agreement

Name: _____ Date: _____
 Email: _____ Payment Method: _____

CrossFit/CrossFitness (Please Circle)

Term	1 mo	3 mo	6 mo
2x/week	\$105	\$95/mo	\$85/mo
3x/week	\$125	\$115/mo	\$105/mo
Unlimited	\$135	\$125/mo	\$115/mo
On-Ramp Program	\$100	n/a	n/a

Barbell Club/CrossFit Packages (Please Circle)

Term	Monthly
Weightlifting 5x week	\$105/mo (\$210 per 8-week cycle)
CrossFit Weightlifting (3x per week + Unlimited CrossFit)	\$120/mo (\$240 per 8-week cycle)

10 Class Drop Card: \$140 (90 day expiration date)

Release of Liability: (_____ Initial Here)

I am voluntarily participating in the group training program that has been explained to me verbally and in writing. I am aware of my own current level of health and physical condition. I am also aware that participating in any exercise program has inherent risks. By signing below I agree to assume those risks and I agree I will contact my physician if I need any medical attention.

Membership Payment Options:

- CASH - Pay in Full for membership term only.
- CHECK - Pay in Full for membership term only.
- CREDIT CARD AUTO-RENEWAL (Visa, MC, Discover) - Pay in Full or monthly payment options for term through Wodify. It will be your responsibility to understand when your membership renews.

Membership Agreement Terms and Conditions: (_____ Initial Here)

Cancellations or any changes to membership must be submitted to CrossFit Generation in writing two weeks prior to desired effective date.

If choosing Credit Card option you will be entered into an auto-renewal membership whereas at the end of the membership term, your membership will automatically renew, unless we receive written notice two weeks prior to membership term ending that you wish to cancel/change. **I understand that it is my responsibility to change my credit card information should my card be lost or stolen or I risk being charged \$20 by Wodify.**

Refund Policy: (_____ Initial Here)

I understand that CrossFit Generation honors full refunds for any sessions unused for the following two reasons: a medical condition or relocation. CrossFit Generation reserves the right to request written proof for both circumstances in order to process the refund. Otherwise, no reimbursements will be given.

By signing below, I understand and agree to the terms of the above agreement. A copy is available.

Member Signature

Date

Coach Signature

Date