

CrossFit Generation Membership Agreement

Name: _____	Start Date: _____
Email: _____	Date of Birth: _____
Emergency Contact Name/Phone: _____	

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
10 Class Drop Card	\$140	90 Day Term	

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)

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:

1. CREDIT CARD AUTO-RENEWAL (Visa, MC, Discover). _____
2. CASH/CHECK available for 1 month memberships only. _____

Credit Card option you will be entered into an auto-renewal membership whereas at the end of your membership term on _____ date, your membership will automatically renew on a month to month basis 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.**

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 and must be after the initial membership commitment period.

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 of this agreement can be made upon request for your records.

Member Signature Date

Coach Signature Date