

LEVEL Fitness Centre at Centennial Place MEMBERSHIP APPLICATION

SHADED AREAS FOR OFFICE USE ONLY					
MEMBERSHIP #		SECURITY CARD #		START DATE →	MM DD YY
NAME: FIRST		LAST		DATE OF BIRTH →	MM DD YY
HOME ADDRESS		POSTAL CODE		CELL PHONE:	
COMPANY NAME		WORK EMAIL		BUSINESS PHONE:	
EMERGENCY CONTACT NAME (*required)		EMERGENCY CONTACT PHONE (*required)		RELATIONSHIP	

CHECK APPROPRIATE BOX BELOW:

- ☐ NEW MEMBER
- ☐ RETURNING MEMBER

MONTHLY FEE
PRO-RATED FEE
REJOINING ADMIN FEE
INITIAL PAYMENT

CANCELLATION: Cancellation notification must be received no later than the 20th of the month to be effective for month-end. There is a four (4) month minimum membership term. Term (paid in full) memberships that are not renewed by the 20th of the last term month will be considered a cancellation. Tenants must pay a \$50.00 administration fee to rejoin.

PRIVACY: LEVEL Fitness Centre at Centennial Place is committed to protecting personal information by following responsible information handling practices in accordance with the provisions of the Personal Information Protection Act (PIPA) of Alberta. The member hereby gives permission for LEVEL Fitness Centre at Centennial Place or its nominees, associates, and affiliates or their employees, to collect any personal information contained in this document, maintain personal information already on file and to collect further information for the purpose of contacting the member by mail, fax, telephone and/or email.

I understand and agree to the above cancellation/privacy terms. _____ (initial)

PAYMENT AUTHORIZATION: I hereby authorize LEVEL Fitness Centre at Centennial Place to collect membership fees, by pre-authorized debit or credit card payment, at the current rate. Rates may be adjusted with notice posted in LEVEL Fitness Centre at Centennial Place 30 days in advance. I have read and understand the terms and conditions of membership.

MEMBER SIGNATURE	DD	MM	YY
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RETURN APPLICATION **INTACT** TO LEVEL at CENTENNIAL PLACE

New member orientation complete and copy of policies & procedures received	DD	MM	YY
LIVunLtd. AUTHORIZED SIGNATURE			

LEVEL FITNESS CENTRE at CENTENNIAL PLACE MEMBER CODE OF CONDUCT

Members are expected to behave in a manner consistent with this Code of Conduct and **WILL**:

- Keep safety in mind at all times and exercise at your own risk
- Be courteous and respectful to other members and staff; verbal or physical abuse/harassment will not be tolerated (including the use of profanity or other inappropriate language)
- Consult with fitness staff, if unfamiliar with the equipment, or safe exercise principles
- Treat Fitness Centre property and equipment in a proper manner to avoid damage or injury; return equipment used to its proper storage place
- Use safety collars/clips on all weight bars
- Allow others to "work in" with them, when performing multiple sets on a machine or bench (everyone has limited time to exercise and the equipment must be shared by all)
- Clean/sanitize machines, benches and mats after use and deposit soiled towels into the bins provided
- Wear appropriate fitness clothing and launder their clothing prior to each workout; shoes are mandatory (except for some yoga/Pilates mat workouts)
- Contact staff on duty, if they wish to show/tour a co-worker, or new hire, through the facility
- Use a lock on any locker used to store personal belongings

Members **will NOT**:

- Drop dumbbells, barbells or other equipment, which could cause damage or injury, or disrupt other members unnecessarily
- Take/make phone calls on the weight floor
- Use hand chalk or other products that leave a residue on the equipment
- Shave in the showers or use a cell phone inside the locker room
- Interrupt classes while they are in session (please arrive on time for classes)
- Attempt to "train" or instruct other members, whether pre-arranged or unplanned, regardless of whether the member feels that they have sufficient knowledge to do so (only LIVunLtd staff are permitted to train members)
- Attempt to bring a non-member or outside Personal Trainer/Instructor onto the premises
- Leave personal belongings in the locker room when not using the facility

Members who do not comply with this Code of Conduct will be given a warning, may be asked to leave the premises, and may have their membership privileges suspended or cancelled.

Member Signature*: _____

Date*: _____

LEVEL FITNESS CENTRE at CENTENNIAL PLACE

INFORMED CONSENT AND AGREEMENT AND RELEASE FORM

*For participation in all activities at LEVEL Fitness Centre at Centennial Place
(Suite 285, 520 - 3rd Avenue S.W. Calgary, AB T2P 0R3)*

Please read carefully before signing

Date: _____

Thank you for choosing to use the activities, facilities, programs or services of LEVEL Fitness Centre at Centennial Place. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following informed consent and agreement and release form.

I, **(PLEASE PRINT)** _____ declare that I intend to use some or all of the activities, facilities, programs and services (hereinafter called "Activities") offered by LEVEL Fitness Centre at Centennial Place. I assume full responsibility for my health and well-being during and after my participation in such Activities and for my choices to use or apply at my own risk any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in any of the Activities of LEVEL Fitness Centre at Centennial Place. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do soon recognition of any signs of physical discomfort, which may include (without limitation): light-headedness, fainting, chest pain or discomfort, leg cramps, nausea, etc.

I, for myself, my heirs, executors, and administrators, release and forever discharge LEVEL Fitness Centre at Centennial Place, LIVunLtd., OMERS REALTY CORPORATION AND 1001232744 ONTARIO INC., by their manager, without personal liability, OPGI Management GP Inc. as general partner for the OPGI Management Limited Partnership 520-3 Ave SW Calgary AB T2P 0R3 and each of their successors and assigns and each of their affiliates, directors, officers, employees, agents, member instructors and independent contractors (collectively called the "Released Parties") from any claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to my person or property (including without limitation, under the Occupiers' Liability Act) wherever or however caused, including, without limitation, the negligence of one or more of the Released Parties, arising out of or in connection with the use or intended use of the LEVEL Fitness Centre at Centennial Place (which, for certainty, shall include all indoor fitness facilities and any ancillary outdoor locations utilized for the Activities).

I consent to taking all of the above noted and other risks by VOLUNTARILY PARTICIPATING in all and any fitness programs, which may or may not be designed and implemented by a qualified fitness consultant employed by LEVEL Fitness Centre at Centennial Place: _____ **(PLEASE INITIAL)**.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT & RELEASE FORM in its entirety, and I have signed it voluntarily.

Member Signature: _____ Witness: _____

Date: _____ Date: _____

LEVEL Fitness Centre at Centennial Place Pre-Authorized Payment Plan

Name: _____

I/we authorize LEVEL Fitness Centre at Centennial Place and/or LIVunLtd. to charge monthly dues to my/our debit or credit card. LEVEL Fitness Centre at Centennial Place is authorized to change the amount of the monthly payment by giving the member 30 days' written notice of the change. Failure on the part of the member to advise in writing of his/her disagreement with the change in the amount of the monthly payment within 10 days shall be deemed to be full acceptance of such change.

(Initial: _____)

I/we agree to notify LEVEL Fitness Centre at Centennial Place and or LIVunLtd. in writing within 10 days of any change to debit or credit card account information.

(Initial: _____)

All authorized charges will be made on, or after, the 1st day of each month. Should any bank payments not clear or are not honored by the member's financial institution for any reason whatsoever, authorization is hereby given to LEVEL Fitness Centre at Centennial Place and or LIVunLtd. to collect the amount refused or dishonored plus a \$20.00 non-sufficient fund (NSF) fee, payable in full.

(Initial: _____)

This authorization may be cancelled at any time upon written notice; to LEVEL Fitness Centre at Centennial Place or LIVunLtd. by the Member (cancellation deadline is the **20th of each month** to be effective for month-end).

(Initial: _____)

☐ Pre Authorized Debit Payment

☐ Pre Authorized Credit Card Payment

<u>Card Type</u>	<u>Name on Card (please print)</u>	<u>Card #</u>	<u>Expiry</u>

Member Name:
Member Signature:
Date:

<u>Postal Code</u>

<u>CVV Code</u>

For a joint account, all depositors must sign, if more than one signature is required on account.