

**MEMBER INFORMATION**

NAME \_\_\_\_\_ NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAMES OF CHILDREN/\* **3 – 17 YEARS OF AGE ONLY, LIVING IN SAME HOUSEHOLD**

\_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

PHONE# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

**MEMBERSHIP AGREEMENT**

MEMBERSHIP TYPE: SINGLE \_\_\_\_\_

\*\*\*\***CHILDREN OF MEMBERSHIPS MUST BE IN SAME HOUSEHOLD**\*\*\*\*\*

\*\*\*\***CHILDREN MUST BE ACCOMPANIED BY AN ADULT MEMBER** \*\*\*\*\*

MEMBERSHIP FEE \_\_\_\_\_

MEMBERSHIP FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ UNTIL \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

THE UNDERSIGNED DESIRES TO BECOME A MEMBER OF THE BRECKINRIDGE INN HEALTH CLUB (BIHC). IN CONSIDERATION OF RIGHTS /PRIVILEGES OF SUCH MEMBERSHIP, THE MEMBER **HEREBY AGREES TO PAY THE SUM OF \$** \_\_\_\_\_ **UPON SIGNING THIS AGREEMENT.** WHICH IS \$ \_\_\_\_\_ THE MEMBER FURTHER AGREES THAT THE FAILURE TO USE THE BIHC FACILITIES SHALL NOT RELIEVE THEM FROM THE FINANCIAL OBLIGATION TO WHICH THEY AGREED UPON.

**\*\*MEMBER ACKNOWLEDGES THAT:**

**ALL MEMBERSHIPS MUST BE PAID IN FULL AT TIME OF SIGNING THIS CONTRACT.**

-THE BIHC RESERVES THE RIGHT TO CONTROL THE NUMBER OF MEMBERSHIPS AND CLASSIFICATIONS SO THAT POOLS / FACILITIES WILL NOT BECOME OVERCROWDED. REGULATIONS AND POLICIES ARE SUBJECT TO CHANGE WITHOUT NOTICE AT THE SOLE DISCRETION OF BIHC. MEMBER AGREES TO ACCEPT SUCH CHANGE AS A CONDITION TO RECEIVING THIS MEMBERSHIP. THERE ARE NO REFUNDS OR ADJUSTMENTS IN MEMBERSHIP FEES. MEMBERSHIPS CANNOT BE SOLD, TRANSFERRED OR ASSIGNED.

**-THE MEMBER ALSO UNDERSTANDS THAT GUESTS MAY BE BROUGHT ON RESTRICTED BASIS AND A \$10.00 CHARGE WILL BE ASSESSED FOR EACH GUEST. GUEST MUST ACCOMPANY AN ACTIVE MEMBER AT CHECK IN. THE MEMBER & MEMBERS GUEST MUST FOLLOW THE RULES & REGULATIONS OF THE BIHC AND MEMBERSHIP CARD MUST BE SHOWN FOR ADMISSION TO THE BIHC. FAILURE TO FOLLOW RULES AND REGULATIONS OF BIHC WILL LEAD TO TERMINATION OF THE MEMBERSHIP.**

-USE OF THE FACILITIES OF THE BIHC IS DONE SO AT MEMBER'S OWN RISK AND BIHC SHALL NOT BE LIABLE FOR ANY INJURIES OR DAMAGES TO MEMBER, MEMBER'S PROPERTY, OR LOSS OF PROPERTY WHILE MEMBER IS ON THE PREMISES OF THE BIHC. THIS SHALL ALSO APPLY TO MEMBER'S GUEST(S).

**NOTICE TO BUYER:** MEMBER MUST READ AND UNDERSTAND ALL TERMS AND CONDITIONS OF THIS CONTRACT PRIOR TO SIGNING. - **THERE ARE NO VERBAL AGREEMENTS BETWEEN**

**HIMSELF/HERSELF AND ANY REPRESENTATIVE OF THE BIHC. DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ ALL OF IT. ALSO, DO NOT SIGN THIS CONTRACT IF IT CONTAINS ANY BLANK SPACES. IF WITHIN THREE (3) BUSINESS DAYS YOU DECIDE YOU DO NOT WISH TO REMAIN A MEMBER OF THIS HEALTH SPA, YOU MAY CANCEL THIS AGREEMENT BY MAILING A NOTICE TO THE HEALTH SPA BY MIDNIGHT OF THE THIRD BUSINESS DAY FOLLOWING YOUR PURCHASE OF THE CONTRACT STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE WRITTEN NOTICE SHOULD BE MAILED TO THE FOLLOWING ADDRESS:**

**BRECKINRIDGE INN  
2800 BRECKENRIDGE LANE  
LOUISVILLE, KY 40220**

**\*ADDITIONAL CANCELLATION RIGHTS:**

- (a) YOU MAY CANCEL IF, BECAUSE OF DEATH OR MEDICAL DISABILITY, YOU BECOME UNABLE TO USE A SUBSTANTIAL PORTION OF THE SPA'S FACILITIES OR SERVICES FOR THIRTY (30) OR MORE DAYS. IN THE EVENT OF MEDICAL DISABILITY, YOU MUST PROVIDE THE SPA WITH A DOCTOR'S STATEMENT. IN ADDITION, THE SPA MAY REQUIRE YOU TO SUBMIT TO A PHYSICAL EXAMINATION BY A MUTUALLY AGREEABLE MEDICAL DOCTOR, AT ITS COST. YOUR ESTATE MAY CANCEL IN THE EVENT OF YOUR DEATH.
- (b) YOU MAY CANCEL IF THE SPA RELOCATES MORE THAN FIVE (5) MILES FROM THE LOCATION STATED IN THE CONTRACT.
- (c) YOU MAY CANCEL IF YOU RELOCATE MORE THAN TWENTY-FIVE (25) MILES FROM YOUR RESIDENCE AS STATED IN THE CONTRACT, AND THE SPA CANNOT PROVIDE COMPARABLE FACILITIES AND SERVICES WITHIN FIVE (5) MILES OF YOUR NEW RESIDENCE. THE SPA MAY REQUIRE WRITTEN VERIFICATION OF YOUR NEW RESIDENCE, SUCH AS A LEASE, DEED OR UTILITY BILL.

**IN ORDER TO EXERCISE THESE ADDITIONAL CANCELLATION RIGHTS, YOU MUST NOTIFY THE SPA IN WRITING, BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR BY PERSONAL DELIVERY, TO THE ADDRESS STATED ABOVE. ALL MONEYS TO BE REFUNDED SHALL BE PAID TO YOU WITHIN THIRTY (30) DAYS AFTER THE SPA'S RECEIPT OF THE CANCELLATION NOTICE.**

**MEMBER IS ENTITLED TO RECEIVE A COPY OF THE SIGNED CONTRACT.**

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

BIHC SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_