



ORAL ROBERTS UNIVERSITY AND GENESIS HEALTH CLUBS MEMBERSHIP ENROLLMENT FORM

This agreement begins this _____ (day) of _____, 20____, by and among Genesis Health Clubs and the following:

Employee Name	Gender
Address	City, State, Zip
Phone	Email
Date of Birth	Employee Number (If available)
Emergency Contact Name	Emergency Contact Phone Number

Membership:

- ☐ Single Gold Plus (\$19.99+tax)
- ☐ Dual Gold Plus (\$49.99+tax)
- ☐ Family Gold Plus (\$64.99+tax)

Your Memberships entitles you access to all Gold level Genesis locations. Your access and use of the facilities shall be subject to all rules and regulation of the Club in which such facilities are located, and you shall not have any voting, proprietary, or any other rights in the Clubs as a result of this Agreement, or the Membership.

Terms of this Agreement:

Oral Roberts University employees will pay monthly for membership dues. Membership is month to month until a 30-day notice is given to the club in person. In the event you are no longer employed by Oral Roberts University, you will be notified to upgrade your membership. Membership dues will be drafted on the 1st or 15th of each month based on the initial draft date. Prorated dues will be charged on sign up to the payment method provided.

First draft date: _____ Prorated dues: _____ Preferred Genesis location: _____

Release of Liability:

You understand that by participating in any physical activity certain risks are involved. You understand, and you acknowledge that you have been warned by us to consult a physician before beginning any exercise program or physical activity. You further understand that your membership may enable you to participate in certain social and/or promotional activities and events. You also understand and acknowledge that you (and the other authorized persons) are participating in all such physical activity or exercise, social and/or promotional activities freely and voluntarily and assume complete responsibility for any accidents, injuries, or illness that may occur as a result of any such activities, including any accident injury or illness that may occur as a result of, or arise out of, our negligence. You agree that you (and the other authorized persons) are participating in all physical, social and/or promotional activities, whether at our facility or other locations, at your (and their) own risk, and hereby release and agree to hold us harmless and indemnify us against any claim and/or liability, loss, or expense, (including without limitation, reasonable attorneys' fees, court costs, and other costs of litigation), imposed by law or otherwise, arising out of your (or any other authorized person's) use of our facility or participation in any activity at our facility or other location, including, without limitation, participation in any exercise class, fitness program, or any other social or promotional activity conducted by us.

Member

Date

Account Information and First Dependent and/or Family Membership Agreement

(1)Primary Member Name: _____

(2)Add on Spouse Name: _____

Date of Birth: _____

Gender: Male / Female Employer: _____ Work Phone: _____

Add on Children Name (under 21 & living at home)	Gender	Date of Birth
(3)	M F	
(4)	M F	
(5)	M F	
(6)	M F	

All memberships will require a 30-day prior written notice in the club to cancel.

Total dues Monthly: _____

(^Completed by Genesis^)

FREE 14 day VIP pass:

Name: _____ Phone Number: _____

Email: _____

Processing Fee is due at sign up in the amount of \$39+tax - WAIVED

Once per year Club Enhancement Fee is \$39+tax depending on your join date (Feb 15th if your join date is between July & Oct, June 15th if your join date is between Nov & Feb, or Sept 15th if your join date is between Mar & June).

Billing Information:

Visa/MC/Discover _____ - _____ - _____

Exp Date ____ / ____

OR

AMEX _____ - _____ - _____ Exp Date ____ / ____

OR

Bank Routing Number _____ Account Number _____

☐ Checking Bank Name _____

☐ Savings

Member Signature

Date