



Membership Terms

**to be completed every time (new & renewals)*

	Names of Members	Keytag #	24 hr Key #	Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Membership Type _____

Membership Dues.....\$_____ (circle one: annual / semi-annual / monthly)

Date of First Monthly Draw (if applicable)....._____

- Does not apply to annual or semi-annual paid in full

Membership term begins on ____/____/____

- Monthly draws are the 1st and the 15th
- Memberships will be prorated the first month based on start date

*And expires on ____/____/____

- *Check this box if it's a no-contract month to month or month to month EFT (no expiration dates for these, leave blank above)

Joiners Fee (waived for annual / student / military membership types) \$35.00

Membership Monthly Dues \$_____

24 Hour Key (*optional*) _____ x \$10.00 = \$_____

Towel Fee (*optional*) _____ x \$5.00 = \$_____

Total Amount Processed \$_____



Membership Cancellation Policy

EFT Membership: 30-day written notice to cancel is required. If under 30 days, one more monthly EFT pull will occur.

No Contract (month to month) Membership: Automatically terminates 1 month from purchase, No pro-rated refunds.

6 or 12 Month Paid in Full Contract (annual and semi-annual) Membership: No pro-rated refunds or refunds of any kind unless due to the following:

- Cancellation due to moving – must provide proof of move and move must be *25 miles or more* from the facility.
- Cancellation due to medical condition – must provide proof of substantial injury on an *official medical center letterhead signed by a physician.*

I understand that I have the right to cancel this contract until midnight of the 3rd operating day after the date on which I signed the contract. If the facilities or services that are described in the contract are not available at the time I sign the contract, I have until midnight of the 3rd operating day after the day on which I received notice of my availability, to cancel the contract. If within this time period I decide I want to cancel this contract, I may do so by notifying Wild River Fitness, 2630 65th Ave, P.O. Box 309, Osceola, WI 54020 by any writing mailed or delivered to WILD RIVER FITNESS CENTER at the address shown on the contract, within the previously described time period. If I do so cancel, any payments I make, less a user fee of no more than \$3 per day of actual use, will be refunded within 21 days after notice of cancellation is delivered, and any evidence of any indebtedness executed by me will be canceled by WILD RIVER FITNESS CENTER and arrangements will be made to relieve me of any further obligation to pay the same.

I have read and been made fully aware of the above WRF cancellation policy.

I understand the cancellation terms based on the membership type that I have purchased.

I understand that payments will continue until Wild River Fitness receives proper documentation.

Member Signature

Date

Witness Signature

Date