

San Augustine Body Shop, LLC Fitness Center

124 East Columbia St. San Augustine, TX 75972

Louann Halbert, Owner Cell Ph. (936) 201-9848

SANAUGBODYSHOPLLC.COM

Rules & Release Form

1. All membership dues are payable **BY** the 1st of each month. Past due payment will result in a \$10 fee.
2. Automated access codes/cards are to be used only by the gym member(s) to whom they are issued. Any member who lets a non-gym member into the gym will have their membership revoked & canceled without refund. Guests are allowed, but for safety purposes, your guest must speak with a staff member to obtain a guest pass and sign a form. Guests are not allowed to use a member's access pin/card, and members will be charged for unauthorized visitors.
3. Only gym members are allowed in the gym & on equipment. No one under 17 is allowed.
4. Members are allowed 1 guest per day at the rate of \$10 deposited into the payment box provided. Guest must register & write name on envelope provided for \$10 payment. Anyone without paying is grounds for that member being suspended or cancelled membership & will be trespassing.
5. Membership dues must be kept current. If not, entrance code will be deactivated & there will be a charge to reactivate it. Monthly dues may be deposited to inside payment box.
6. Load & unload weight machines properly. Ask for help, if needed. Use proper form when exercising. Do not throw weights around. If a machine is damaged, please notify staff or owner. You are responsible for your own safety while you are in the gym. Do not drop weights, stand, or place dumbbells on benches.
7. The gym is monitored 24 hours a day for your personal safety with a camera surveillance system. This system covers only the general areas, entrance, & exit. We are not responsible for personal items.
8. Cleaning supplies are provided for wiping down benches & equipment, if needed. Members are encouraged to bring their own towels. Do not spray cardio equipment. Spray rag first then wipe.
9. Enjoy your workout, work out safely, & be courteous to others. No horseplay, yelling, cursing, or using inappropriate language. Do not slam weights. No Chalk!
10. A gym attendant will be on duty at time posted on door & website. Memberships may be obtained from attendant & all payments may be made to attendant present. Attendants are available to answer questions, assist with exercises & take care of any problems you may have.
11. Gym owner and attendant(s) may be reached by phone at numbers posted on gym entrance.
12. No refunds are given on gym dues. A day used in a month is the same as attending the whole month. You have paid to use our facility, but you are responsible for attending.
13. Audio equipment is prohibited unless it is wearing headphones. Absolutely no speakers of any sort.
14. You are required to wear appropriate workout clothing & footwear while in this facility. Here are general guidelines: gym shorts or workout pants, T-shirts, & shoes. No muddy boots, flipflops, jeans, or cutoffs.
15. We reserve the right to revoke any membership depending on the incident at our discretion.

Benefits

Participation in a program of regular physical activity has been shown to produce positive changes in numerous organ systems and include increased work capacity, improved cardiovascular efficiency, increased muscular strength, flexibility, power, and endurance.

Risks

I recognize that exercise carries some risk to the muscle-skeletal system (sprains, strains) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack). I certify that I know of no medical problem (except those listed on the health questionnaire) that would increase my risk of illness or injury resulting from participation in a regular exercise program. San Augustine Body Shop, LLC Fitness Center is not responsible for injuries resulting from improper instruction by a staff member or owner. Additionally, San Augustine Body Shop LLC, Fitness Center is not responsible for injuries due to malfunctioning equipment in this facility. By signing this consent form, I understand that I am personally responsible for my actions & conduct during my tenure at San Augustine Body Shop, LLC Fitness Center, and that I waive the responsibility of this center if I should incur any injury resulting from my negligence.

Signed _____

Date _____ 2021

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Health History Questionnaire

***PRINT** Name _____ *Date of Birth _____

Address _____ City/State/Zip _____

*Phone _____ *Email _____

Employer/Occupation _____

Physician _____ Phone _____

Address _____ State/Zip _____

*In Case of Emergency, Please Notify:

*Name _____ Relationship _____

Address _____ *Phone _____

*Are you under the care of a physician, chiropractor, or other health care professional for any reason? [] YES [] NO

If yes, list reason. _____

Please list any medications you are taking and the reasons.

I am not aware of any disease or disorder that would complicate my participation in a testing or exercise program. I agree to provide a doctor's letter of approval if I am asked to.

*Member Signature _____ Date _____ 2021

Guardian Signature _____ Date _____ 2021

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We do allow guests if you would like to bring someone with you. Our guest policy requires that visitors speak with staff first. See contact methods below. Or come in during staffed hours to speak with staff in person to go over your paperwork, the rules, & your payment. Each guest is required to read & sign our rule sheet & pay prior to any workouts occur, for the safety of our members! Our guest day rate is \$10.00 per day. Guest(s) can only be present with the member. Guests are not allowed to use a member's access pin/card, and members will be charged for unauthorized visitors. Of a penalty fee of up to \$250 per incident.

You can contact us via our webpage to pay directly

<https://sanaugbodyshopllc.com/getting-started>

or to contact us directly via website-

<https://sanaugbodyshopllc.com/contact>

Find us on Facebook

<https://www.facebook.com/pages/category/Local-Business/San-Augustine-Body-Shop-LLC-115227165188364/>

Or phone 936-201-9848

I have read, understood, & will abide by this policy signed & printed below.

Printed Name: _____

Signed: _____

Date: _____ 2021