



Name:
Phone Number:
Emergency Contact & Number:

COVID 19 POLICY:

I will not attend the gym while experiencing symptoms or being in isolation, and will follow all current public health orders set out by the British Columbia government while attending Iron Alley Gym.

Initials: _____

MEMBERSHIP POLICY:

Circle the chosen membership option:

- 3 Month Membership with auto roll-over: \$85/month
6 Month Membership with auto roll-over: \$80/month
1 Year Membership with auto roll-over: \$70/month
Client of Trainer Membership with auto roll-over: \$_____/month

START DATE: _____

I certify that I have chosen one of the memberships above. When the term expires, the membership will roll-over to month-to-month at the same rate until I communicate cancellation via email to ironalleyvancouver@gmail.com. Should I choose to cancel before the term expires, my credit card will continue to be charged on the 1st of the month until the end of the contract, and any key cards will need to be returned to receive a refund of deposit.

Initials: _____

KEY CARD ACCESS:

I will be receiving key card access as part of the updated membership program at Iron Alley Gym. Key Cards will be provided for a \$10 non-refundable activation fee, and a \$20 deposit, which will be refunded when the membership is terminated and the key card is returned.

Initials: _____

Upon receiving a key card, I will be permitted to enter and exit Iron Alley Gym at my will. When entering the gym, I will not hold the door for ANY individual (member, trainer, client, or owner) regardless of their membership status. Each individual needs to scan themselves in and any door-holding will result in immediate termination of membership and forfeiture of the \$20 deposit.

Initials: _____

I will clean up and put any equipment I use during my workout away prior to leaving the gym. I will clean up any chalk messes that I create while working out.

Initials: _____

I will ensure that if I am the final person in the gym upon the completion of my workout, I will ensure that the music and lights (at both front and back doors) are turned off.

Initials: _____

I HAVE BEEN SHOWN where the emergency panic button is. This button will notify emergency responders immediately upon use. I have also been shown the location of the first aid kit, fire extinguishers, and emergency exits. I will make use of these in case of emergency and immediately contact either Kevin (604-441-5997) or Mysha (604-788-4809) in the event that an emergency or injury takes place. These numbers will be listed in a visible spot in the gym.

Initials: _____

PHOTOGRAPHY AND VIDEO RELEASE:

I certify that I am aware I may be filmed or photographed while taking part in activities at Iron Alley Gym. I consent to Iron Alley using the content without compensation on the website, or in any editorial, promotional, or advertising material produced or published by Iron Alley Gym.

Initials: _____

I understand that there are security cameras that capture footage in all areas except the washroom and that by signing this agreement, I agree to have my activities monitored while I am at Iron Alley Gym.

Initials: _____

WAIVER AND RELEASE OF LIABILITY:

I am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of Iron Alley Gym. I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Initials: _____

RELEASE:

In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by Iron Alley Gym, I, the undersigned hereby release Iron Alley Gym, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Iron Alley Gym to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Initials: _____

INDEMNIFICATION:

The participant recognizes that there is risk involved in the types of activities offered by Iron Alley Gym. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Iron Alley Gym, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Iron Alley Gym, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to the main building, and/or any area selected for training by Iron Alley Gym.

Initials: _____

U16 RELEASE (FOR PERSONAL TRAINING CLIENTS ONLY):

For any participant under the age of 16, the parent or guardian will be the signer on behalf of the participant. They waive all responsibility and liability of Iron Alley Gym Ltd. as it relates to the minor. A Certified Personal Trainer will be present at all times that a minor is participating in a fitness program, and will make any and all attempts to ensure the facility is safe and the program is appropriate.

Initials: _____

I certify that I have read the above agreement in its entirety and agree to all terms and conditions. Failure to follow the above outlined will result in termination of membership.

NAME: _____ DATE: _____

SIGNATURE: _____