

# ATHLETIC REPUBLIC

Athletic Republic (Excel Sports Group, LLC)  
Agreement for Unlimited Access Contract

Date: \_\_\_\_\_ (School/Organization)

\_\_\_\_\_ (Email Address)

## Athlete Information (Please Print)

Participant Name: Last First ( ) DOB Home Phone #

Address City State Zip Code

## Programs and Fees

- ADULT ONLY Group Fitness Classes
  - 12-Month \$59.00/month (ADULT)
  - 6-Month \$69.00/month (ADULT)
  - 3-Month \$75.00/month (ADULT)
- Acceleration Program (Max 3 times per week)
  - 12-Month \$125.00/month
  - 6-Month \$175.00/month
- Healthy Hart Functional Strength (Max 3 times per week)
  - 12-Month \$125.00/month
  - 6-Month \$175.00/month
- Cancellation/No-Show Fee \$10.00/occurrence

## Membership Contract

The Athletic Republic (Excel Sports Group, LLC) **GROUP FITNESS/ACCELERATION PROGRAM** Unlimited Access is a (minimum) \_\_\_\_\_ month contract with Athletic Republic (Excel Sports Group, LLC) paid through automatic and re-occurring monthly installments of \$\_\_\_\_\_, based on the programs and fees outlined above. After the minimum commitment has been made the Unlimited Access contract will be automatically renewed each month on behalf of the member until the member submits the 'Unlimited Access Discontinue Form' (available at the Athletic Republic Facility). \_\_\_\_\_(Initial)  
The Unlimited Access Discontinue Form must be received at facility 14 days prior to monthly renewal date to cancel this Unlimited Access contract. The monthly Unlimited Access fee will be charged to the credit card account listed on today's date and on the 1<sup>st</sup> of each month. The credit card account you have listed shall be charged each month thereafter.

# ATHLETIC REPUBLIC

## Acknowledgement of Purchaser

I (We), the below named Purchaser(s), hereby represent and state the following:

I have read and understand the terms defined above and of the **ADULT GROUP FITNESS/ACCELERATION PROGRAM Unlimited Access/ HEALTHY HART FUNCTIONAL STRENGTH PROGRAM Unlimited Access** benefits and agree to the terms listed thereof.

I understand that my credit card will be charged each month beginning today and for the next \_\_\_\_\_ consecutive months as payment for the Unlimited Access and that the Unlimited Access fee charged can be increased January 1<sup>st</sup> of each year, at a rate no more than 5.0% per year.

I understand that changes and additions to the Unlimited Access benefits may occur from time to time and that any such changes and additions will not affect the terms of this agreement and therefore agree to the same unless it can be shown that the value of the Unlimited Access has been lessened by any such modifications.

I understand that although the meaning and purpose of the **GROUP FITNESS/ACCELERATION PROGRAM Unlimited Access/ HEALTHY HART FUNCTIONAL STRENGTH PROGRAM Unlimited Access** is long-term service, (Excel Sports Group, LLC) reserves the right to refuse the renewal of any Unlimited Access any time after twelve months if the 'user' did not train at least 40 sessions during any twelve month period.

I understand that I will be charged **\$10.00 per occurrence** for each time the '**Registered Athlete**' does not attend a scheduled session or fails to give at least 24 hours notice when canceling a scheduled appointment. (Initial)\_\_\_\_\_

I understand that the **GROUP FITNESS/ACCELERATION PROGRAM Unlimited Access/ HEALTHY HART FUNCTIONAL STRENGTH PROGRAM Unlimited Access** is **non-refundable** and **non-transferable**.

I understand that I may cancel this Unlimited Access within 30 days of purchase by submitting the **Unlimited Access Discontinue Form** to Athletic Republic with a **cancellation penalty of \$200.00**.

I understand that I am responsible for the acceptance of the monthly charge to my credit card. If the credit card is denied for any reason, email notice will follow within 5 business days. At which time, the purchaser will be given 5 additional business days to resolve the issue. If payment is unable to be made within 10 business days of the monthly renewal date, a \$100 payment penalty will be assessed every 10 business days until payment is made. If payment is unable to be made, the Unlimited Access will be cancelled and a cancellation penalty of \$500 (or the remaining balance of the minimum commitment, whichever is less) will be assessed.

I understand that in the unfortunate case where the '**Registered Athlete**' is injured and cannot participate in any athletic activities, the Unlimited Access can be put 'on-hold.' This requires a note from the treating Doctor.

I understand that I may discontinue my **GROUP FITNESS/ACCELERATION PROGRAM Unlimited Access/ HEALTHY HART FUNCTIONAL STRENGTH PROGRAM Unlimited Access** after the contract period by submitting the **Unlimited Access Discontinue Form** to Athletic Republic.

# ATHLETIC REPUBLIC

**Payment Calculator**

Monthly Unlimited Access Fee: \$ \_\_\_\_\_

Plus

Pro-rate (now to month's end) \$ \_\_\_\_\_

Payment Notes \_\_\_\_\_

**Total First Charge to CC**    \$ \_\_\_\_\_

**Date:** \_\_\_\_\_

Recurring Monthly Charge to CC: \$ \_\_\_\_\_

on the 1<sup>st</sup> of every month for \_\_\_\_\_ months.

**Payment Information** (Credit Card)

Name on Credit Card: \_\_\_\_\_

Type of Card:    Visa    Mastercard    Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration: \_\_\_\_\_ V-Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_    Cardholder's Signature: \_\_\_\_\_

I have read this contract in its entirety, and I agree to all the terms herein. I have read and understand all of the aspects of this Unlimited Access contract. I agree to pay in-full the entire amount of the monthly Unlimited Access and agree that no modifications or refunds of this monthly Unlimited Access contract can be made once I have entered into this contract.

\_\_\_\_\_

Athlete Name

\_\_\_\_\_

Athlete Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian (if necessary)

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**Payment History:**

--	--	--	--	--	--	--	--	--	--	--