

Class Pass Application

NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

EMAIL: _____

HEALTHCARE PROVIDER'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PLEASE READ AND INITIAL:

I understand I am purchasing a Fitness Pointe Class Pass. This pass will be valid for one year from date of purchase and will allow me to attend twelve (12) classes OR six (6) classes on the Class Pass schedule. If I use all 12 classes OR 6 classes before the expiration date, I may purchase a new pass. If I **DO NOT** use all 12 classes OR 6 classes by the expiration date, I understand unused classes are **not refundable or transferable**.

I understand Fitness Pointe will keep track of my pass use. Any misuse of my Class Pass (e.g. lending it to someone else or using the facility for purposes other than Class Pass attendance) will result in revocation of Class Pass and forfeiture of any money paid, as well as prohibition of future Class Pass purchases. **Initial** _____

IN ADDITION:

- This pass is good for classes on the Land and Aqua Class Schedule ONLY, and it does not give me access to any other areas of the facility, except the locker rooms. **Initial** _____
- I understand I am not allowed entrance earlier than 15 minutes before the class begins and that I must exit the building no later than 30 minutes after the class ends. Should I exit the building past this 30-minute time limit, one additional class will be deducted from my remaining Class Pass balance. **Initial** _____
- I must present my Fitness Pointe issued I.D. at the front desk, stating which class I am attending. **Initial** _____
- If this Class Pass card is lost, I will be assessed a \$5 new card fee. **Initial** _____
- I understand that if I wish to stay for more than one class on any given day, I must inform the front desk so the appropriate class deduction is given (one Class Pass class deduction per class attended). **Initial** _____
- By initialing, I agree to be photographed/videotaped in the Group Exercise class setting for Powers Health purposes only. **Initial** _____

I have read, initialed and understand the above information:

Signature

Date

*Are you attending a class TODAY? ____ Yes ____ No

Staff initials: _____

STAFF USE ONLY

PASS #: _____ PURCHASE DATE: _____ EXPIRATION DATE: _____