



# Membership Application

Expiration Date: _____
Initials: _____
New _____ Renewal _____

## *Spirit of the Cats* Foundation

Type of membership: \_\_\_\_\_ Single (\$62.50) \_\_\_\_\_ Family\* (\$125)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Members Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse Cell #: \_\_\_\_\_

Other family members on membership	Relationship	Age (if under 18)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or any family member listed on this application required by law to register as a sex offender in this state or any other state: \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*Family Memberships include parents and dependent children.**

### Non-Discrimination Statement

Spirit of the Cats Foundation does not discriminate in membership admission by race, color, religion, national origin, sex, handicap, age, sexual orientation, political affiliation, status as a protected veteran, or any characteristic against which discrimination is prohibited by applicable law, and operates on a nondiscriminatory basis throughout the institution.

Announcement of this policy is in accordance with the State law of South Dakota and with Federal law, including Titles VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the American with Disabilities Act of 1990.

Enclosed is my membership payment of \$62.50 (Single Membership) or \$125 (Family Membership) AND the \$10 FOB Deposit. \_\_\_\_\_ (please initial)

## Membership Application and Waiver of Liability

I agree that if I wish to terminate or change the status of my membership due to medical reasons or job transfer, I must give Spirit of the Cats written notice 30 days in advance of any change. If I terminate my membership due to medical reasons or job transfer, membership will be pro-rated, plus an administrative fee of \$25. Automatic withdrawal administrative fee is equal to one month's payment. I am responsible for payment of draft if 30 day notice is not received.

Spirit of the Cats urges you to obtain a physical exam from a doctor before using any exercise equipment, participating in any exercise class, or engage in any physical activity related to the gymnasium use, and other offerings available. I understand that equipment and activities at Spirit of the Cats constitute a risk to me, my family or my minor children's health and safety. All exercise or activities including the use of weights and the use of any and all machinery, equipment, and apparatus designed for exercise shall be done at your own sole risk. You and your minor parties understand that the agreement to use, or selection of exercise programs, methods and types of equipment shall be your and all minor parties responsibility. Spirit of the Cats shall not be liable to your or minor parties for any claim, demands, injuries, damages, or actions arising due to injury to your or minor parties person or property arising out of or in connection with use by you or minor parties of the services, facilities, and premises of Spirit of the Cats. You or minor parties hereby hold Spirit of the Cats, it's directors, officers, owners, agents, and employees harmless from all claims, which may be brought against them by you or minor parties on your party's behalf for any such injury or claims.

This signature validates that I have read and understand the Membership Contract and Waiver of Liability and agree to abide by the conditions therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Application Statement

I hereby certify that the statement and information provided herein are true, complete and correct to the best of my knowledge and belief and I understand any information provided by me which is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately terminate the membership, whenever it is discovered. I understand Spirit of the Cats does not lawfully discriminate in its membership and no question on this application is used for the purpose of limiting or excusing any applicant from consideration of membership on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify I have read and fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

New \_\_\_\_\_

Applicants membership: \_\_\_\_ accepted \_\_\_\_ denied Date: \_\_\_\_\_

Spirit of the Cats Officer signature: \_\_\_\_\_

Fob# \_\_\_\_\_ Fob Deposit of \$10 Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ Check# \_\_\_\_\_

Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ Check# \_\_\_\_\_