



Hope Wellness Center

Elite Membership Agreement & Liability Waiver

Hope Wellness Center
13806 SR 33
Groveland, FL 34736

ELITE MEMBERSHIP AGREEMENT

This Membership Agreement ("Agreement") is entered into between **Hope Wellness Center** ("Facility") and the undersigned Member.

1. Membership Type

Elite Membership

- **Monthly Membership Fee: \$30.00 per month**
 - **Annual Membership Fee: \$75.00** (non-refundable)
 - Membership dues are automatically charged each month on the same calendar day as the Member's original registration date.
 - Membership provides access to the Facility during normal operating hours, subject to all Facility policies and procedures.
-

1A. Elite Membership Benefits

As an **Elite Member** of Hope Wellness Center, you will enjoy all of the benefits of a standard gym membership, plus exclusive premium amenities designed to support your overall health and wellness.

Your Elite Membership includes:

- **Unlimited access to the Hope Wellness Center fitness facility** during normal operating hours.
- **Unlimited access to the Sauna** during designated operating hours.
- **Unlimited access to the Infrared Therapy Room** in accordance with facility guidelines.
- **Unlimited access to the Cold Plunge Recovery Area** during operating hours.

- **10% Discount on all Massage Therapy Services** offered by Hope Wellness Center or participating wellness providers.
- **10% Discount on all Smoothies and beverages** purchased from the Hope Wellness Center Smoothie Bar.

Elite Membership Benefit Guidelines

- Sauna, infrared therapy, and cold plunge use are subject to posted operating hours and safety guidelines.
 - Members agree to follow all instructions regarding the safe use of wellness and recovery amenities.
 - Hope Wellness Center reserves the right to temporarily suspend access to any amenity for maintenance, repairs, cleaning, or special events.
 - Discounts are available only to active Elite Members in good standing and may not be combined with other promotional offers unless otherwise stated.
 - Membership benefits are non-transferable and may only be used by the registered Elite Member.
-

2. Membership Payments

- The **\$75 annual membership fee** is due at enrollment and each year thereafter.
 - The monthly membership fee of **\$30.00** will automatically draft each month on the Member's registration anniversary date.
 - Members are responsible for maintaining an active payment method.
 - Failed or declined payments may result in suspension of membership privileges until the account is brought current.
-

3. Cancellation Policy

Members may cancel their membership at any time by submitting written notice to the Hope Wellness Center.

- Membership cancellations require a **60-day written notice**.
 - The 60-day cancellation period begins on the date the written cancellation request is received.
 - Monthly dues will continue during the 60-day notice period.
 - No refunds or prorated refunds will be issued for membership fees or annual fees already paid.
-

4. Membership Rules

Members agree to:

- Treat all staff and members with dignity and respect.
- Follow all posted Facility rules.
- Use equipment only as intended.
- Return all equipment after use.
- Wipe down equipment after each workout.
- Wear appropriate athletic clothing and closed-toe athletic shoes.
- Maintain proper hygiene while using the Facility.
- Refrain from abusive language, harassment, intimidation, or disruptive behavior.
- Refrain from damaging Facility property.
- Follow all instructions given by Hope Wellness Center staff.

Hope Wellness Center reserves the right to suspend or terminate any membership for violations of Facility rules without refund.

AGE REQUIREMENTS

- Members must be **at least 14 years of age** to use the Facility.
 - Individuals ages **14–17** must have a parent or legal guardian complete all required membership documents.
 - Members under **14 years of age** are permitted only when accompanied and directly supervised by a parent or responsible adult (18 years of age or older).
 - Hope Wellness Center staff are not responsible for supervising minors.
-

HEALTH ACKNOWLEDGMENT

By signing this Agreement, the Member certifies that:

- They are physically capable of participating in exercise activities.
 - They understand exercise carries inherent risks.
 - They have consulted a physician if they have any concerns regarding participation.
 - They will immediately discontinue activity if they experience dizziness, chest pain, shortness of breath, or other concerning symptoms.
-

LIABILITY WAIVER AND RELEASE OF CLAIMS

PLEASE READ CAREFULLY. THIS IS A RELEASE OF LIABILITY.

In consideration of being permitted to use the Hope Wellness Center, its equipment, programs, services, and facilities, I voluntarily agree to the following:

I understand that participation in physical exercise, weight training, cardiovascular exercise, group fitness activities, stretching, sauna use, cold plunge use, and all other fitness-related activities involves inherent risks, including but not limited to:

- Muscle strains
- Sprains
- Broken bones
- Heart attack
- Stroke
- Illness
- Paralysis
- Permanent disability
- Death

I voluntarily assume all risks associated with my participation.

I hereby release, waive, discharge, and hold harmless:

- Hope Wellness Center
- Hope Preparatory Academy
- Hope International Church
- Their officers
- Directors
- Employees
- Volunteers
- Contractors
- Trainers
- Agents
- Representatives

from any and all claims, demands, causes of action, damages, losses, expenses, attorney's fees, or liabilities arising from or related to my participation in activities at the Hope Wellness Center, including the use of equipment, facilities, parking areas, locker rooms, or common areas.

This waiver applies whether injuries result from negligence (to the fullest extent permitted under Florida law), accidental conditions, equipment failure, or other causes, except where prohibited by law or caused by gross negligence or intentional misconduct.

I understand that Hope Wellness Center is **not responsible for injuries, illnesses, accidents, theft, lost property, or damage to personal belongings** while on Facility property.

MEMBER RESPONSIBILITY

Members agree to exercise responsibly and safely by:

- Using equipment according to posted instructions.
- Asking staff for assistance when unsure how to use equipment.
- Using a spotter when lifting heavy weights.
- Reporting damaged equipment immediately.
- Not using equipment while under the influence of alcohol or illegal drugs.
- Respecting other members.
- Following all emergency procedures.
- Immediately reporting any injury to Facility staff.

Failure to exercise responsibly may result in suspension or termination of membership.

PHOTO & VIDEO RELEASE

Hope Wellness Center may occasionally photograph or record activities for promotional purposes.

☐ **I authorize** Hope Wellness Center to use photographs or videos containing my likeness for marketing and promotional purposes.

☐ **I do not authorize** Hope Wellness Center to use photographs or videos containing my likeness.

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

MEMBER ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have read this Elite Membership Agreement.
- I understand the Facility rules.
- I understand the payment terms and cancellation policy.
- I understand the risks associated with exercise and voluntarily assume those risks.

- I understand that Hope Wellness Center is not responsible for injuries sustained while using the Facility, except as otherwise provided by applicable law.
 - I voluntarily agree to all terms and conditions contained in this Agreement.
-

MEMBER INFORMATION

Member Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Member Signature: _____

Date: _____

PARENT/GUARDIAN CONSENT (Required for Members Under 18)

I certify that I am the parent or legal guardian of the above-named minor. I have read this Agreement and Liability Waiver and consent to the minor's participation under the terms stated herein.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Hope Wellness Center

"Strengthening Our Community—Body, Mind, and Spirit."