

LITTLE ROCK ATHLETIC CLUB MEMBERSHIP APPLICATION (Please print)

Has anyone on this application been a member of the LRAC, LRRC, NLRAC or DAC previously? Yes No

Name _____ Date of Birth _____
(Salutation) (First) (MI) (Last)

Home Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____ Email _____

Emergency Contact _____ Emergency Contact's Phone _____

Your Place of Employment _____

FAMILY MEMBERSHIP INFORMATION (Complete only if applying for a "family" membership)

2nd Adult _____ Date of Birth _____
(Salutation) (First Name) (MI) (Last Name)

Home Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____ Email _____

Emergency Contact _____ Emergency Contact's Phone _____

2nd Adult's Place of Employment _____

DEPENDENT INFORMATION (Dependents must be 15 years of age or older for unsupervised use of the club)

First Name	Last Name	Date of Birth	Gender	May Charge to Account
_____	_____	_____	male female	yes no
_____	_____	_____	male female	yes no
_____	_____	_____	male female	yes no
_____	_____	_____	male female	yes no

BILLING INFORMATION

I understand that my dues and Club charges will be paid automatically by bank draft or credit card. The entire balance will be automatically drafted on the 12th of the month. If, at some time, I want to cancel my membership, I will be responsible for all dues and charges incurred through the termination date.

I hereby authorize the LRAC to charge one of the following for my club payments: Checking account Visa

(You must stop by the club in order to present your ID and draft source) Mastercard American Express

(Signature) (Date) Discover

MEMBERSHIP AGREEMENT

Policies and Guidelines

In accordance with my decision to join the Little Rock Athletic Club, I hereby acknowledge that I have received a copy of the club's policies and guidelines, have reviewed them with all individuals that are part of my membership and I/we agree to abide by the policies outlined therein. I understand that these are subject to change at the discretion of management. Additionally, I agree to accept full responsibility for the safety and well-being of my children and their guests and agree to maintain control and discipline over them while they are at the LRAC.

Initial _____

Physical Readiness Questionnaire (PAR-Q)

I further acknowledge that I have had the opportunity to review a PAR-Q and that all resulting questions were answered to my full satisfaction, including any about other people listed on my membership.

Initial _____

Resignation

I recognize that I may resign my membership by submitting a 30 day written notice to the Membership Office and bringing my account balance to zero.

Initial _____

Termination

I understand that failure to pay dues or other indebtedness within 60 days of the billing date may subject me to termination of my membership. Once my membership is cancelled, I may rejoin at a future date by paying the joining fee in effect at that date and all past due charges.

Initial _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

The facilities and activity programs offered under the auspices of the Little Rock Athletic Centers, LLC (LRAC), dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club, have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the Members or guests who utilize the facilities or participate in its on or off-site activities. Because of the nature of these programs and of the equipment utilized, there is an inherent risk of injury. Therefore, any exercise activity places a practical limitation on the ability of LRAC to prevent injuries to participants regardless of the activities of the participant while taking advantage of the opportunities at LRAC. The undersigned acknowledges the individual responsibility to minimize risk by thoughtful and cautious use of the programs, equipment and the facilities of LRAC.

Therefore, in consideration of being allowed to participate in LRAC programs and to utilize equipment and facilities at LRAC, I the undersigned, acknowledge and agree that:

- The risk of injury from the activities involved in LRAC programs, equipment and facilities is significant, including the potential for permanent paralysis and death.
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for my participation.
- I willingly agree to comply with all terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest LRAC representative immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS LRAC, its members, managers, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Photography and/or Video - I understand that the LRAC periodically takes facility and group photography and video and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of me. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose..

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time from these communications.

My signature conveys that I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement.

Member's Name: (please print) _____
(First) (Last)

Member's Signature: _____ Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in LRAC programs to the fullest extent permitted by law.

Permission to Use Photography and/or Video - I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of my children. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

Parent's/Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Club Rep _____

Member # _____

Date Joined _____

Membership Type _____

PAR-Q

Physical Activity Readiness Questionnaire

Congratulations on choosing to improve your life and health at the Little Rock Athletic Club. For most people, increasing their level of physical activity is very safe; however, some people should check with their doctor before beginning or intensifying an exercise program. This PAR-Q is designed to help you determine whether you or an individual that is part of your membership should consult with a physician prior to making any changes. Common sense is your best guide when answering the following questions. Please read them carefully and answer each one honestly.

YES NO

- 1.** Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2.** Do you feel pain in your chest when you do physical activity?
- 3.** In the past month, have you had chest pain when you were not doing physical activity?
- 4.** Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5.** Do you have a bone or joint problem (for example, arthritis or back, knee or hip pain) that could be made worse by a change in your physical activity?
- 6.** Do you have reason to believe your blood pressure is high?
- 7.** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 8.** Are you over age 65 and not accustomed to vigorous exercise?
- 9.** Do you know of any other reason why you should not do physical activity?

If you answered **YES** to one or more of the questions, talk with your physician **BEFORE** beginning or intensifying an exercise program. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered **NO** to all nine questions, you can be reasonably sure that you can begin or intensify an exercise program. However, be safe — begin slowly and build up gradually.

DELAY beginning or intensifying an exercise program:

- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- If you are or may be pregnant — talk to your doctor about exercising while pregnant.

Please **NOTE**: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.