



## **ACKNOWLEDGE OF CANCELLATION POLICY**

By signing the "AUTOMATIC CREDIT CARD, DEBIT CARD OR BANK AUTHORIZATION" I agree to provide a 10-day written or in person notice, prior to my next scheduled automatic payment, if I choose to cancel my membership or discontinue automatic payments. I understand, acknowledge, and accept that no refund will be given, for any reason, if I fail to provide the required 10-day written or in person notice.

The undersign affirms knowledge, understanding and agreement of the cancellation policy. The undersigned agrees that a 10-day written or in person notice, prior to the next scheduled payment is required to cancel membership or discontinue automatic payments and no refund will be given for any reason. I have also received a verbal explanation to the 10-day cancellation and non-refund policy. \_\_\_\_\_(Initial)

The undersigned understands, agrees, and accepts that access fobs must be turned in within 1 week of membership cancellation or expiration to receive the access fob deposit. I have also been informed verbally of the fob deposit refund policy. \_\_\_\_\_(Initial)

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

## **ACKNOWLEDGEMENT OF ACCESS FOB & FITNESS CENTER USE POLICY**

- By signing this **ACKNOWLEDGEMENT OF ACCESS FOB & FITNESS CENTER USE POLICY** I agree not to allow another person to use my access fob.
- By signing this **ACKNOWLEDGEMENT OF ACCESS FOB & FITNESS CENTER USE** I am aware, understand, and agree that I will not bring a non-gym member into Life Fitness Center.
- I understand and agree that violation of either rule will result in cancellation of my membership and no refund will be given for any reason.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**