DOOLEY'S OLD SCHOOL GYM

MEMBERSHIP AGREEMENT & LIABILITY WAIVER

Dooley's Family Fitness Center
400 W Park Ave, Ste. C, Iowa Park, TX 76367

MEMBER INFORMATION

LAST NAME _____ **FIRST NAME** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **DATE OF BIRTH** _____

PHONE _____ **EMAIL** _____

ADDITIONAL PEOPLE ON COUPLE/FAMILY/GROUP MEMBERSHIP _____

CHOOSE A MEMBERSHIP

TYPE	NO CONTRACT	6 MONTHS	12 MONTHS
Single	☐ $35/mo	☐ $33/mo	☐ $30/mo
Couple	☐ $45/mo	☐ $43/mo	☐ $40/mo
Family	☐ $55/mo	☐ $53/mo	☐ $50/mo

☐ **Community rate - $25/month**

☐ **Group 4+ - $20/person/month**

MEMBERSHIP BEGINS _____ **MEMBERSHIP ENDS (CONTRACT PLANS)** _____ **MONTHLY DUES** _____

FEES, ACCESS & INCLUDED BENEFITS

☐ $10 one-time startup fee

☐ $15 key for 24/7 access

☐ $20/month sauna + Burk gym access add-on

☐ Tanning at both gyms - included

LATE FEE Monthly dues not received within five calendar days of the due date incur a $5 late fee. Only one late fee may be charged per billing cycle.

PAYMENT SETUP PREFERENCE

☐ Credit/debit card ☐ Bank account (ACH) ☐ Pay in person

DO NOT WRITE CARD, BANK ACCOUNT, OR ROUTING NUMBERS ON THIS FORM.

Payment details are entered separately through the gym's secure payment provider or in person.

AGREEMENT TERMS

DUES & LATE FEE

I agree to pay the monthly dues for the membership selected on page 1. Monthly dues not received within five calendar days of the due date incur a $5 late fee, limited to one late fee per billing cycle.

CONTRACT CANCELLATION

No-contract memberships may be ended without an early cancellation charge. If I end a 6-month or 12-month contract before its scheduled end date, the cancellation charge is $50 for a single membership, $75 for a couple membership, or $100 for a family membership.

KEY & ACCESS

AS LONG AS YOU HAVE A KEY, YOU ARE CONSIDERED A MEMBER OF THE GYM. YOU MUST RETURN THE KEY TO CANCEL YOUR MEMBERSHIP.

RECURRING PAYMENTS

If I enroll in automatic payments, I authorize recurring monthly charges only through the gym's separate secure payment provider. I will complete that provider's authorization and retain a copy. I may revoke authorization as allowed by law, but revocation does not cancel amounts already owed under a contract.

PAYMENT CHOICES & CARD SURCHARGE

A 3% surcharge applies only to eligible credit-card payments, never debit or prepaid cards, and is subject to provider and card-network rules. With Jim's approval, a 6-month or 12-month membership may be paid in full through Venmo or Cash App. Recurring monthly dues use the gym's secure payment provider.

CERTIFIED TRAINERS

Certified trainers are available only to active gym members. Trainer fees are not included in membership dues and are established directly with the trainer.

CLUB RULES

I agree to follow all posted club rules. Shirts must remain on in all workout areas. Returned-payment or processor fees are separate and will be charged only when disclosed and permitted.

LIABILITY WAIVER & ACKNOWLEDGMENT

I understand that exercise and use of the facilities at Dooley's Family Fitness Center, 400 W Park Ave, Ste. C, Iowa Park, TX 76367, involve risks, including serious injury. I voluntarily choose to participate and accept those risks. To the fullest extent permitted by Texas law, I release and hold harmless Dooley's, its owners, employees, agents, successors, and assigns from claims, losses, or expenses arising from ordinary negligence connected with my use of the facilities. This release does not waive rights that cannot legally be waived. I am responsible for deciding whether I am physically able to exercise and for seeking medical advice when appropriate. I agree to follow posted rules, use equipment responsibly, and report unsafe conditions.

☐ **I have read and agree to the membership terms, club rules, late-fee policy, and liability waiver.**

MEMBER SIGNATURE

PRINTED NAME _____ **DATE** _____ **MEMBER INITIALS** _____

SIGNATURE

_____

Sign by hand or with a PDF signing tool. A typed name alone may not complete enrollment.

PARENT/GUARDIAN NAME (IF MEMBER IS UNDER 18) _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE

_____