

Membership Agreement Form

www.unitedbadminton.com



ACTIVATION INFORMATION				
Date	Account ID	Group ID	Activation Type	Promotional Program/#
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/> Other: <input type="checkbox"/> Add-On Specify: _____	

PERSONAL		BILLING INFORMATION		BUSINESS	
Name (Please Print)			<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Partnership		
E-mail Address (Note: By providing your e-mail address you consent to receive United Badminton Club promotional opportunities.)			Bill to Company Name/Responsible Party (Please Print)		
Home Address			Contact Name (Authorized Business Contact)		
City	State	ZIP Code	Ship to Address/Shipping Charges \$ _____ (if applicable)		
Home Phone	Date of Birth	City	State	ZIP Code	
Name of Contact (In case of emergency)			Business Phone	Years in Business	Federal Tax ID
Phone	Relationship	Bank Name		Bank Contact/Number	
The Sales Representative acknowledged that he/she has verified the member's ID			Commercial Account#		Years at Bank
Sales Rep. Initials: _____					
Screen Name: (For use in UBC Queuing System) 1. _____ 2. _____ 3. _____					

PAYMENT INFORMATION					
Initiation Fee \$	Re-Activation Fee \$	Payment Type	Contract Type	Billing Address (If different from above)	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One (1) Year <input type="checkbox"/> Two (2) Year <input type="checkbox"/> Other: _____		
Paid By: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order/P.O.#: <input type="checkbox"/> Other: _____		Payment Due \$			
Credit Card #	Exp. Date	Name as it appears on Credit Card		Credit Card/Check Approval #	

FINANCIAL RESPONSIBILITY & MEMBER ACCEPTANCE	
_____ Initials:	I am personally responsible for payments of all charges this account (OR) I am signing on behalf of this Company listed above as Responsible Party and I am duly authorized to financially commit the company. If I am not authorized, I will pay the charges if the Company named denies responsibility.

BY SIGNING THIS FORM YOU ARE AGREEING TO THE ATTACHED MEMBERSHIP AGREEMENT. THE MEMBER AGREEMENT SETS YOUR AND OUR RIGHTS CONCERNING PAYMENTS, CREDITS, CHARGES, STARTING AND ENDING SERVICE, LIMITATIONS OF LIABILITY, SETTLEMENT OF DISPUTES BY NEUTRAL ARBITRATION AND OTHER MEANS INSTEAD OF JURY TRIALS, AND OTHER IMPORTANT TOPICS. BY SIGNING THIS FORM YOU ARE REPRESENTING THAT ALL THE INFORMATION YOU PROVIDED IS ACCURATE. WE ARE RELYING ON THAT INFORMATION. A COPY OR FAX OF THIS FORM WITH YOUR SIGNATURE IS THE SAME AS THE ORIGINAL.

Member Signature	Date	Parent/Guardian Signature & Name	Date
_____	_____	_____	_____

ASSUMPTION OF RISK • FITNESS REPRESENTATIONS • ARBITRATION

Using the United Badminton Club facilities involves the risk of injury to you or your guest, whether you or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries including death. **In consideration of your participation in the activities offered by United Badminton Club, you understand and voluntarily accept this risk and that United Badminton Club, its officers, directors, employees, volunteers, coaches, agents, and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to you, your spouse, guests, unborn child, or relatives resulting from the negligence of United Badminton Club or anyone using the Facilities whether related to exercise or not.** Further, you understand and acknowledge that United Badminton Club does not manufacture fitness or other equipment at its Facilities, but purchases and/or leases equipment. You understand and acknowledge that United Badminton Club is providing recreational services and may not be held liable for defective products. Further, you represent that you are in good condition and have no medical reason or impairment that might prevent you from intended use of United Badminton Club's Facilities. As such, you acknowledge that United Badminton Club did not give you medical advice relating to your physical condition and ability to use the Facilities. If there is any dispute or claim is or could be designated as a class action, you and United Badminton Club agree to submit the dispute for resolution to binding arbitration using the American Arbitration Association's (AAA) Commercial Arbitration Rules (AAA Rules) in effect on the date of this Agreement, except as to those AAA Rules that conflict with this Agreement. Unless controlling legal authority requires otherwise, there shall be no right or authority for any dispute to be heard or arbitrated on a class action basis, as a private attorney general, or on a basis involving disputes brought in a purported representative capacity on behalf of the general public; provided however, that any individual claim is subject to this agreement to arbitrated. You also agree that United Badminton Club may call you to discuss additional offers.