

Issue Date: _____

Expiration Date
for 72 hour : _____

Expiration Date
for additional
purchased visits: _____

3 FOR FREE

3 DAY / 72 HOUR / UNLIMITED
GUEST REGISTRATION AND
AGREEMENT

**NOT AVAILABLE DURING
PHASE 2 OF COVID
RESTRICTIONS**



PACE
POSITIVE ATHLETIC CLUB EXPERIENCE

22 South Church Street
Vilonia, AR 72173
(501) 796-4343
www.pacefitnesszone.com

TERMS AND CONDITIONS:

By signing this agreement, I understand that I must make a \$15 (cash only) deposit for the 24 hour access key. If I choose not to become a member, I have up to 30 days from the issue date on this form to receive my \$15 cash deposit back. **NO REFUNDS AFTER 30 DAYS OF THE ISSUE DATE.** Upon a decision to join PACE Fitness Zone I can keep the key I was assigned for the free trial or I may trade it for a key fob, at no additional charge.

I understand that I must use the access key to check in each time I enter the front door, even during staffed hours when the door is unlocked.

I understand that I am required to register my contact information with a staff member and by signing this document, I acknowledge that all the information I have provided in my registration is true and accurate. I accept that misrepresentation of any information is grounds for fraud.

I understand that this agreement is a FREE offer provided by PACE Fitness Zone in an effort to allow potential members, the opportunity to get to know us, and what we have to offer before they spend any money. **I further understand that I will not be able to obtain an additional free days until a minimum of 12 months from the date on this form has passed. I understand that I have the option to purchase additional time after my 3 day for free trial at a cost of \$5 per visit paid in advance for up to one month expiration date (temporary membership will expire when either the number of visits purchased has been used or the expiration date has been reached).**

I understand that I will have 24 hour access until the expiration date on this agreement, (or until all paid visits are used in the case of additional purchased visits, which ever comes first). I accept responsibility for any abuse or intentional damage to the building and any of its contents. By signing this agreement, I accept all of its terms and conditions, I further agree to all conditions of PACE members.

GUEST ASSUMPTION OF RISK AND RELEASE:

I understand the risk of injury from CLUB activities and using any CLUB equipment is significant, including the potential for permanent paralysis and death, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that this is an UNSUPERVISED FITNESS CENTER and I assume all risks associated with using exercise equipment and exercising alone without the aide and presence of CLUB staff on the premises. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CLUB (PACE FITNESS ZONE, LLC.), AND ABC FINANCIAL SERVICES, INC., their respective owners, officers, affiliates, agents and employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct any sponsored event (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES or otherwise, that may arise out of or in connection with my using any of the equipment or the facilities of the CLUB or any incident that occurs while using the CLUB'S facilities or engaging in CLUB activities on or off the premises or otherwise related to my CLUB membership.

I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the state of Arkansas and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the CLUB is relying on this release in agreeing to enter into this Agreement.

1. _____ 2. _____

CHILD CARE RELEASE: I release PACE Fitness Zone, its owners, employees, and all others from any and all responsibilities or liabilities from injuries or illnesses to my child or any minor that I have brought into the fitness center. I acknowledge that the safety of my child (children) is solely my responsibility. 1. _____ 2. _____

If member is a minor, parent or legal guardian must sign below and initial beside the 2's above.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

1. Guest's Printed Name _____ Signature 1. ☒ _____ Date ☒ _____

2. Parent or Legal Guardian
Printed Name _____ Signature 1. ☒ _____ Date ☒ _____

Staff Signature (\$15 Cash Deposit Received by) _____ Date ☒ _____

Staff Signature \$ _____ received for _____ additional visits purchased _____ *Date ☒ _____
*expiration date for additional visits will be 30 days from above date.