

NORTH LITTLE ROCK ATHLETIC CLUB MEMBERSHIP APPLICATION (Please print)

Has anyone on this application been a member of the LRAC, LRRAC, 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 "couple" 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 NLRAC 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

 Discover

(Signature) (Date)

MEMBERSHIP AGREEMENT

Policies and Guidelines

In accordance with my decision to join the North 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 NLRAC.

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 _____

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 _____

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC’s facilities and equipment contemplates that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to ensure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ/virus free (this includes, but is not limited to, COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

RELEASE AND AGREEMENT NOT TO SUE: I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include 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 and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. This release and agreement not to sue does not apply to intentional torts such as assault, battery, etc.

PHOTOGRAPHY AND VIDEO: I understand that LRAC periodically takes facility and group photographs and videos 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 myself and 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.

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 to 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 or coercion.

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

Member’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

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="radio"/> | <input type="radio"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="radio"/> | <input type="radio"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="radio"/> | <input type="radio"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="radio"/> | <input type="radio"/> | 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? |
| <input type="radio"/> | <input type="radio"/> | 6. Do you have reason to believe your blood pressure is high? |
| <input type="radio"/> | <input type="radio"/> | 7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="radio"/> | <input type="radio"/> | 8. Are you over age 65 and not accustomed to vigorous exercise? |
| <input type="radio"/> | <input type="radio"/> | 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.