

Membership Type:

- Bootcamp
- Performance
- Indoor Cycling
- One on One

PAYMENT FEE:

\$ _____

Payment Schedule:

- Monthly
- Quarterly
- Yearly
- Per session

Payment Method

- Debit/Credit
- Check
- Cash



RADICAL ATHLETICS

MEMBERSHIP AGREEMENT

Name: _____

Address: _____

Phone: _____

Email: _____

Instagram: _____ Twitter: _____

D.O.B: _____ Gender: _____

Emergency Contact Info -

Name: _____

Phone: _____

Do you have any injuries, medical conditions or concerns? If so, please list:

RELEASE OF LIABILITY AND ASSUMPTION OF RISK:

I understand the nature of fitness training, sport activities and of my experience and capabilities and believe myself to be qualified, in good health, and in proper physical condition to participate in such physical activity. I agree to release RADICAL ATHLETICS LLC and any Coach/Trainer associated with RADICAL ATHLETICS LLC from any liability in connection with any injury to myself in connection with fitness training, sports performance and competitions. I also give consent for RADICAL ATHLETICS LLC to use images that might include myself during such activities for promotional purposes including marketing, website and social media only.

Membership Signature (Parent/Guardian if under 18) _____

Printed Name: _____ Date: _____

AUTOMATIC PAYMENT AUTHORIZATION: I, hereby authorize Radical Athletics LLC (RA) and all its affiliates to charge my credit card or debit card for any and all payments, as indicated above. I further authorize my credit card company or bank to make payments to any of the entities stated above by the method indicated in this agreement to post on my account. Charges will appear on your account from one of these entities:

Membership Signature: _____ **Date:** _____

FOR ANY BILLING ISSUES/QUESTIONS EMAIL: rodney@trainradical.com

*All members must provide 30-day notice upon cancellation request