



MEMBERSHIP APPLICATION

Mail to: 1343 Microfilm Rd 276-694-2408
Bassett, VA 24055 training@rekkrtactical.us

APPLICANT INFORMATION

Name: _____

Date of Birth (mm/dd/yy): _____

Home Tel: _____ Cell: _____

Current Address: _____

City: _____ State: _____

Zip: _____

Email Address: _____

Membership Pkg: _____

Please read the information below carefully, print and sign your name at the bottom of this form. By signing this consent, you are agreeing to the stipulations and requirements of training at REKKR Tactical Concepts LLC.

I, _____, agree to participate in training at REKKR Tactical Concepts for the previously agreed upon fee.

I understand that REKKR Tactical Concepts is not a medically supervised program and that REKKR Tactical Concepts is developed for healthy people with no medical conditions or risks, either physical or psychological. In addition to the terms above, I represent that I am in good physical condition and have no medical reason or impairment that might prevent me from participating in REKKR Tactical Concepts programs.

As such, I acknowledge that REKKR Tactical Concepts did not give me medical advice before this program, and cannot give me any after training at REKKR Tactical Concepts, related to my physical condition and ability to participate.

If I have any health or medical concerns now or after training at REKKR Tactical Concepts, I will discuss them with my doctor. The information given to me in any testing provided by REKKR Tactical Concepts is not intended to diagnose, treat, cure, or prevent any disease, nor is it to give medical advice of any kind. If I have an existing medical condition, before I can begin I will present REKKR Tactical Concepts with a medical release form, signed and dated by my personal physician. This form represents my physician's approval to participate in training at REKKR Tactical Concepts.

I grant permission to REKKR Tactical Concepts to contact my physician/dietician or health care professional if I require medical supervision during my participation in training at REKKR Tactical Concepts. I understand that nutritional advice recommended as part of training at REKKR Tactical Concepts is the sole opinion of the trainers and may not be fully supported by healthcare professionals. Training at REKKR Tactical Concepts is designed to help participants achieve their fitness goals by altering or maintaining body composition through the application of Strength and Conditioning training. In consideration of my participation in the activities offered by REKKR Tactical Concepts, I understand and voluntarily accept this risk and agree that REKKR Tactical Concepts, its officers, directors, employees, volunteers, agents, independent contractors, any properties and/or facilities will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me, my spouse, guests, unborn child, relatives or anyone using the facilities whether related to exercise or not.

I understand and acknowledge that REKKR Tactical Concepts is providing recreational services and may not be held liable for injury due to improper or unsupervised use of equipment. This Agreement is not effective until it is signed and dated. By signing below, I acknowledge and agree that I have read the aforementioned and understand the nature of the activities at REKKR Tactical Concepts. I agree to all of the terms and conditions of this REKKR Tactical Concepts Agreement and acknowledge that I can receive a copy of it if I deem necessary.

_____ Initial

MEMBERSHIP AND PAYMENT

Membership chosen: _____ Cost \$ _____ (Discount _____) (see pg.4)

Payment Options

*Debit/Credit: Name on Card _____ Card Number _____

Card Type: **VISA** **MC** **DISCOVER** **AM EXP** Exp Date _____ Sec. Code _____

Authorization to debit account or charge credit card: By signing this agreement I authorize REKKR Tactical Concepts (EMI) to debit my account or charge my credit card monthly in accordance to the terms stated in this agreement. I understand that this authority will remain in effect until I provide thirty (30) day written notification to terminate the authorization.

Signature: _____ Date: _____

(As it appears on credit card)

*Cash or Check (made payable to REKKR Tactical Concepts)

EMERGENCY CONTACT

In case of emergency I authorize REKKR Tactical Concepts to contact:

Name: _____ Relationship: _____

Tel: _____

PROGRAM CONTENT

I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscular endurance, strength, and flexibility), and to improve body composition. Exercise may include aerobic activities, calisthenic exercises, gymnastics and weight lifting.

I understand that the responses of the cardiovascular, musculoskeletal and nervous system to exercise cannot always be predicted and I know there is a risk of certain abnormal changes occurring during or following exercise, which may include abnormalities or problematic outcomes. Use of weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain, and injuries.

_____ Initial

PHOTO / VIDEO RELEASE

I grant to REKKR Tactical Concepts, its representatives and employees the right to take photographs of me and my property while training at REKKR Tactical Concepts.

I authorize REKKR Tactical Concepts to use and publish these photos or videos in print and/or electronically. I agree that REKKR Tactical Concepts may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

_____ Initial

SIGNATURES

I agree to the terms of this waiver. I have fully read and initialized each section and have had a chance to ask appropriate questions.

Signature of applicant: _____ Date: _____

Signature of guardian: _____ Date: _____

(in the event of the applicant being under 18 years of age on the day of joining)

Staff Member: _____ Signed: _____ Date: _____

TERMS AND CONDITIONS

Please read the following carefully and sign the declaration below. If you are under 18 a parent or guardian must also sign. No one under the age of 12 is permitted in the fitness center. If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf.

- You must 'swipe in' at the front door using your membership card upon arrival. Without your membership card, you will be unable to use the gym. _____initial
- If a card is lost, a replacement will be made on receipt of \$7.00 to cover our administrative costs.
- Members who opt for a direct debit membership agree to join for a minimum of 6 months. The first month is payable in advance by cash or credit/debit card. This 6 month period is considered paid for after the 5th payment via direct debit. From then on the membership will roll over on a monthly basis. This will continue until the membership is terminated. Direct debits will be taken on the first Friday of each month.
- To cancel a direct debit membership, members must give one month's written notice. Prepaid memberships are non-refundable. There is a 7 day cooling off period for new gym members who take out the direct debit option. The first month's payment is non-refundable. The 7 days starts from the date of induction.
- The gym is for the use of REKKR Tactical Concepts members only, therefore **guests are not allowed**. _____initial
- During busy periods please limit your time on popular equipment such as the treadmills and flat benches.
- For reasons of health and safety, members must adhere strictly to the following:
 - All free weights and plates are to be returned to their specific racks after use. _____initial
 - Tobacco Products and Vapes are not allowed in the gym or studio. _____initial
 - Members should bring a small towel to wipe down machinery after use. _____initial
 - Fitness attire or shorts and t-shirts must be worn at all times. _____initial
 - Suitable footwear should be worn at all times. _____initial
 - Offensive language, behavior, or loitering will not be tolerated. _____initial
 - Clashing weights, excessive noises and mistreatment of equipment will not be tolerated. _____initial
- Anyone thought to be under the influence of alcohol or drugs will be ejected and their membership will be reviewed. _____initial
- If, for any reason, a direct debit payment fails to credit our account, membership will be suspended until payment resumes or another payment method is used. _____initial
- REKKR Tactical Concepts management reserve the right to exclude any member they deem not to be adhering to any of the above or who by their actions poses a health and safety risk to others. _____initial

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in exercise at REKKR Tactical Concepts.

Signature: _____ Date: _____

The person making this application is under 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name: _____ Relationship: _____

Signature: _____ Date: _____



MEMBERSHIP LEVELS / GYM PACKAGES

Personal Training Package: (all packages include intro session/fit assessment and equipment use)
 1hr Session (\$65 REKKR Alumni / Member, \$85 non-member)

REKKR 24hr Gym Membership (includes 10% discount on REKKR courses & events) Full gym access, Mat Room Access,

Regular (\$75) / Month , BootCamp Alumni & Spouse (\$65) / Month

Shower Access is only available with \$100/month memberships.

TIME PACKAGES

ALPHA 24HR \$75	BRAVO 12AM - 4AM \$45	CHARLIE 12PM - 4PM \$45	DELTA 8PM - 12AM \$55
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Specialty Membership Code: (identify discount on page 2)

ALE1	Active Law Enforcement	\$35/month
AM1	Active Military	\$35/month
AM2	Active Military Spouse	\$45/month
ALE2	Law Enforcement Spouse	\$45/month
RA1	REKKR Alumni & Spouse (fitness program)	\$65/month

Shower room access can be purchased additionally.