

Tracking No. :	
Member No.:	
Card Issued :	
	OFFICE USE ONLY

## **MEMBERSHIP FORM**

Membership Type	Fitness Fitness+ Corporate		Month 3	Months  Months		Months Months	☐ 12 Month:		
	Silver Package								
	Platinum Package   Family   Individual								
Applicant	☐ Mr. / นาย	☐ Mrs	ร. / นาง	☐ Ms.	/ นางสา	I)			
	Name ชื่อ			Surname นามสกุล					
	Date of birth (DD/MM/YYYY) วันเดือนปีเกิด (วัน/เดือน/ปี)			Age อายุ					
	Race เชื้อชาติ		Nationality สัญชาติ		Religion ศาสนา				
	Education ระดับการศึกษา	Occupation อาชีพ			Position ตำแหน่งงาน				
	ID card or passport no. หมายเลขบัตรประจำตัวประชาชนหรือหนังสือเดินทาง								
Maritial Status	Single / โสด ☐ Married / สมรส ☐ Divorced / หย่าร้าง								
Home Address	Address ที่อยู่								
	Zip Code รหัสไปรษณีย์								
	Telephone โทรศัพท์ (บ้าน)	Mobile โทรศัพท์ (มือถือ			ə)				
	E-mail อีเมล์								
Office Address	Address ที่อยู่								
	Telephone โทรศัพท์ (บ้าน)			E-mail อีเมล์					
Contact Person in case of	Name ชื่อ			Surnam นามสกุล	ne				
Emergency	Address ที่อยู่								
	Telephone โทรศัพท์ (บ้าน)			E-mail อีเมล์					
Relationship	🗌 Father / บิดา		er/มารดา			Spouse	/ คู่สมรส		
	☐ Friend / เพื่อน ☐ Other / อื่น								
Payment by	☐ Credit Card (Visa / Master / JCB) ☐ Debit Card ☐ Bank Transfer ☐ Cash								
Refund Policy	50% off the remaining contractual period excluding 1 month agreement  By signing this application form, I affirm that I have read the terms and conditions and agree to receive promotions via email and sms.								
	Signature				Date				



## **TFRMS & CONDITIONS**

I certify and agree to the following:

- I certify that I am in good health condition for participating in any fitness activity. I am qualified to be in good physical condition to participate in any fitness activity.
- 2. I agree to follow the rules and regulations of the fitness center, and follow the rules and regulations of the activities strictly under guidance of personal trainer, instructor, and coaches. If I violate the rules and regulations above, I may be suspended from ENERGY LAB or fitness activity immediately. I accept that judgment without any arguments.
- Before participating in any fitness activity, I have had read the rules and regulations, facilities, and equipment details provided by the fitness center.
- 4. I understand that appropriate fitness attire is required during any fitness activities and will act appropriately. Should I violate any rules or regulations, , I may be suspended from ENERGY LAB or fitness activity immediately
- 5. I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after any fitness activity and I recognize that consumption of alcohol and/or drugs might impair my judgement and motor skills. I assume responsibilities for any injury, loss, or damage associated with my consumption of alcohol and/or drugs.
- 6.1 hereby release, waives, discharge, and covenant not to sue ENERGY LAB in the case of death, personal injury, temporary or permanent disability, damage to property, medical expenses or hospital charges, any theft or losses including economic losses and losses and/or loss of belongings that may incur during my participation in the fitness center or activity or during my travel to and from ENERGY LAB or any fitness activity.
- 7. I further agree and allow ENERGY LAB and its authorized third party related to ENERGY LAB and its authorized third-party permission to use name's and/or photo's including my saved sound in the form of slide or animation while participating in the activity for public relations or usage in on any given channel, I release all claims of compensation or any damages as a result of all my above participation that ENERGY LAB uses.
- 8. I agree that the ENERGY LAB and its authorized third party are/is permitted to collect, store and use my personal data as provided by me in the entry form for the purpose of or in connection with ENERGY LAB (including but not limited to organization, promotion, and publicity of ENERGY LAB and for the purpose of direct marketing in relation to ENERGY LAB and its authorized third party and that such collection, storage and use are lawful and fair in the circumstances. I further agree that the ENERGY LAB and its authorized third party may pass on such personal data to their agents, contracting parties, supporting ENERGY LAB and other related third parties for the purposes mentioned above, in particular but without limitation to the event photographer, the media and the press.

9. For participants 18 years old or above: by proceeding with the registration, I hereby affirm that I am eighteen (18) years of age or older. I agree and confirm that I have read this document and understand its contents.

For participants under the age of 18 years: The parent or legal guardian hereby acknowledges that he or she has executed this agreement for and on behalf of the minor named herein. As the natural or legal guardian of such a minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of this agreement. I represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to event and/or activity. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume and such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I fully understand and agree the terms by my online registration that will substitute for my signature and to be considered as a signature. To be effectively legal just as I have embarked on my own.

I certify that I sign the agreement voluntarily by myself.