

Welcome Packet



FAST

FAMILIES ATHLETICALLY STRIVING TOGETHER



FAST TRIBE Member,

We are so excited you have made the decision to join our Tribe! We are passionate about Transforming the City of Winston-Salem one class at a time and YOU are a BIG part of that; Welcome to the Movement!! This is a family owned business and joining FAST means becoming a part of our TRIBE. You should know this means we are personally invested in your health, your results and seeing your family become closer, stronger and winning together! Please take your time and review our Welcome Packet. In it you will find information about our Fitness Facility and all that we have to offer.

- ❖ Membership Form
- ❖ Waiver
- ❖ Terms & Conditions
- ❖ Membership Benefits
- ❖ Referral Program
- ❖ Payment Information
- ❖ Parking Information & Parking Pass
- ❖ Contact Information

Striving Together,

Curtis & Amber Harrington

Founder & Owners of FAST

TERMS & CONDITIONS

We have a *one-time, non-refundable* enrollment fee of \$20 and must be paid upon your first payment. Paid in full memberships get 2 FREE MONTHS. All of our memberships are month to month, however we ask that you provide notification at least 30 days in advance should you decide to place on hold or suspend your membership. Drop in rate for out of town guests is \$10 per visit.

MEMBERSHIP BENEFITS

Your membership with FAST:

- ❖ Unlimited access to all of our classes!
- ❖ Access to Expert Coaching!
- ❖ Access our Encouragement, Excitement and Community!
- ❖ Use of our Kiddie Korral with no additional charge!
- ❖ Results!!

REFERRAL PROGRAM

Most of our members come from referrals from satisfied FAST members. We appreciate when you tell your friends about FAST and they join, you will be rewarded with a \$20 credit you can use towards your membership dues or concession and they will receive \$20 off their membership. Should 5 new members join due to your referral, you will receive 3 months for free. So, bring a friend! It's more fun to workout with someone and it's a win/win for both of you!

PAYMENT INFORMATION

At FAST, we accept credit/debit only . Members will have their debit/credit card securely stored and will be drafted from the 1st to the 5th of every month. Insufficient funds will result in a fee of \$5 per incident. If there are issues with availability of funds, please make prior payment arrangements with the front desk.

PARKING INFORMATION & PARKING PASS

The FAST Tribe has **FREE PARKING** located at the parking lot off of Holly and Broad Streets. Members of FAST will receive a parking pass. Please display the parking pass on your dashboard to avoid getting towed.

CONTACT INFORMATION

Follow us on Facebook & Instagram @thefasttribe!

214 N. Broad Street in Winston-Salem, NC 27101.

336-701-DIET (3438).

THEFASTTRIBE.COM for hours of operation, directions, class schedules, the latest gym news, and current promotions.

Informed Consent, Waiver of Liability, Photo and Video Release

Name:_____.

Date:_____.

Email:_____.

1. That I am participating in physical activity by instruction offered by Curtis Harrington, FAST, Master's Fitness, llc, and its representatives during which I will receive information and instruction about exercise, health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved and do not hold Curtis Harrington, FAST, Master's Fitness, llc, or its representatives responsible for bodily injuries related to instruction, exercise, exertion or physical contact.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation with Curtis Harrington, FAST & Master's Fitness, llc, and its representatives. I represent and warrant that I am physically fit to participate in exercise and I have no medical conditions which would prevent my full participation at FAST & Master's Fitness, llc.

3. In consideration of being permitted to participate in group classes, one-on-one sessions or open gym offered by Curtis Harrington, FAST, Master's Fitness, llc, and its representatives, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in above sessions/programs, I knowingly voluntarily and expressly waive any claim I may have against Curtis Harrington, FAST, Master's Fitness, llc, or its representatives for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs, or legal representatives' forever release, waive, discharge, and covenant not to sue Curtis Harrington, FAST, Master's Fitness, llc, or its representatives for any injury or death caused by their negligence or other acts.

6. Photo and Video release: In connection with my participation at the FAST and Master's Fitness Facility I consent to the use of my photograph and video or other likeness in promotional and other materials of FAST and Master's Fitness without payment or other consideration made to me. I have read the above informed consent, waiver of liability, photo and video release and fully understand its contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below.

Signature of Participant

Date

If participant is under 18 years of age:

As LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

Signature of Guardian

Date

FAST Membership Form

Name _____ Today's Date: _____

Address _____

Street Name _____ City _____ State _____ Zip Code _____

Phone _____
Number _____ (home/cell) _____ (work)

Email Address _____

Date of Birth _____

Month/Day/Year

Emergency Contact Name
Relationship

Emergency Contact Home/Cell Number

Add On Memberships:

Name

Date of Birth

Gender

Relationship

Program Membership: ☐ Student Athlete ☐ Adult ☐ Family

_____.

For Office Use

MEMBERSHIP PAYMENT INFORMATION

Enrollment Fee: _____ 1st Month's Payment _____ Total Paid _____

Total Cost of Membership _____ Monthly Payment _____

PAYMENT TYPE: ☐ Paid in Full (*Free Month*) ☐ Recurring Payment

Initial _____

BANK INFORMATION

I, _____, authorize monthly payments to FAST for membership by an automatic draft from

Credit/Debit Card Name _____.

Last 4 Digits _____.

Member's Signature _____

Date _____

I certify that I have read and understand the Rules and Regulations contained in this contract and will comply with the contents herein. I further agree to pay for such membership either in full or as set forth by the provisions of this membership agreement. I also acknowledge my receipt of a completed copy of this membership agreement this the _____ day of _____, 20____.

Member's Signature _____