

We're OPEN for Business!!

Viking Fitness Center

- Located in the Roslyn School
- Brand new Equipment
- Cardio and Strength Training
- Ipod Connections
- Cable TV
- Low monthly fee's

Monthly Rates:

\$25 / Individual

\$40 / Couple

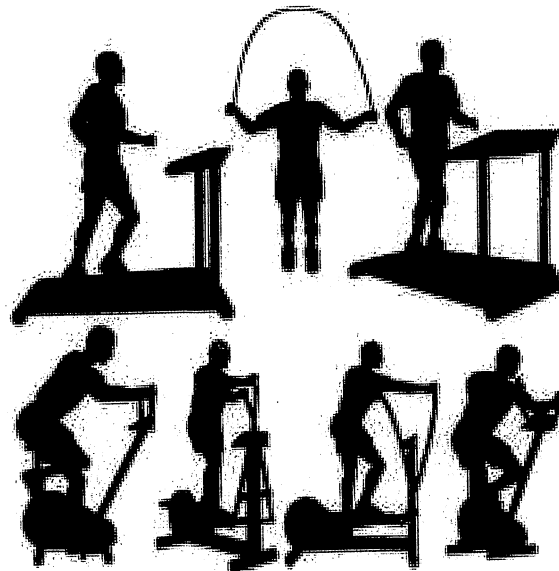
\$50 / Family

Business Rates:

* Min. number of employees required

\$20 / employee

**Viking Fitness Center,
For Membership Information:
Contact: Amber Huggett
Ph. 605-521-0039
Email: amberhuggett@hotmail.com**



Membership Agreement

Viking Fitness Center

Date _____
New__ Renewal__ Addition__
Single__ Couple__ Family__

Membership Number _____

By signing below, you agree to purchase a membership at the Viking Fitness Center from the Town of Roslyn, SD on the terms and conditions described in this agreement, including the terms of cancellation and refund policy on page 2. You agree to make the payments shown in the agreement and to abide by the rules and regulations of the Viking Fitness Center as set forth on page 2, as they may be from time to time amended in our sole discretion. As part of this agreement, you understand that you are providing the Viking Fitness Center and the Town of Roslyn, SD with a release from any injuries that may occur.

Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth _____ Email Address _____

Employer _____

In case of emergency, call _____ Relationship _____ Phone _____

Membership term is _____ months, beginning ____/____/____, expiring ____/____/____

Single Total Price _____ Monthly Price _____ 1st Payment Paid
today _____
Couple Total Price _____ Monthly Price _____ 2nd Payment Paid today _____
today _____ First Payment: Check _____ Credit _____ Paid in Full

\$ _____ per month for a period of _____ consecutive full months, starting ____/____/____ and ending ____/____/____.
Sales Tax is figured in to the above price.

I fully understand that if I permit anyone access to Viking Fitness Center; a guest or another member, that my account listed above will automatically be charged \$100.00

Signature _____ Date _____

Viking Fitness Center Rules and Regulations

- * All memberships include an orientation session to familiarize you with the equipment and its proper use. This session must be completed before you begin any unsupervised use of the fitness equipment.
- * Allowing others in the facility is prohibited.
- * Members must follow directions from staff with respect to use of equipment and instructions or limitations concerning exercise.
- * Your membership may not be used by or assigned to another person.
- * Each member is responsible for proper use of exercise equipment and tanning beds. All equipment should be cleaned by the member after each use and returned to its original setting and position.
- * Any equipment or other property damaged or destroyed at Viking Fitness Center due to negligence or willful misuse of the member will be repaired or replaced at the members expense and may result in a loss of membership privileges at our discretion.
- * Use of the phone for any calls other than for emergency purposes is prohibited.
- * All exercises including the use of weights and use of any and all machinery designed for exercising shall be at members sole risk.
- * Viking Fitness Center and/or the Town of Roslyn, SD is not responsible for any accidents that may occur with exercise and weight equipment or on the premises during any staffed or unstaffed hours.

Applicant's Statements

I acknowledge that I have been advised to receive a physical examination and consult with a physician before joining the Viking Fitness Center and beginning a program of physical exercise. I certify that I am in good health and have no conditions or limitations that would prevent me from utilizing the membership options I have selected in a safe manner.

Cancellation and Refund Policy

This agreement may be cancelled if I become permanently disabled and provide written evidence signed by a physician of this disability to the Viking Fitness Center. Should I permanently move my residence more than 60 miles from the Viking Fitness Center facility, this agreement may be cancelled on thirty days notice, except that I am still responsible for payments due up to the day of cancellation. Such cancellation is subject to a \$25 cancellation fee. There will be a \$30 service charge on all returned checks or EFT. In the event that the club closes and ceases doing business, I will no longer be obligated to make payments under this agreement. In the event that you would cancel your contract before it is up, there will be a \$25 cancellation fee and you will be required to pay half of your monthly membership for the remainder of your contract. At the end of your membership agreement your contract will go on for a monthly basis until we get a cancellation notice, in writing, or a renewal of contract. At the end of membership term the monthly membership rate will go up \$5.00 per person, unless there is a renewal of contract. I have read and agree to the above terms.

Release and Waiver of Liability

I, the undersigned, hereby request permission to participate in weight training, cardiovascular training at the Viking Fitness Center, located in Roslyn, South Dakota. I acknowledge that voluntary participation involves a risk of injury. I hereby assume all risk of injury that may be sustained in connection with such participation and agree to hold the Viking Fitness Center, the Town of Roslyn, SD its employees and agents harmless from any and all claims with respect thereto. In consideration of the permission granted to the undersigned to participate in the afore mentioned training, I do hereby release and discharge the Viking Fitness Center, the Town of Roslyn, SD its employees and agents from any and all liability and do further waiver and relinquish any and all rights I may have to negligence, other fault or unavoidable accident, resulting from my participation in activities through the Viking Fitness Center.

The undersigned participant hereby accepts the risk associated with participation in weight training, cardiovascular training and tanning and certifies to be of sound medical health. The undersigned hereby agrees to all of the terms and conditions as herein set forth.

The undersigned states that they have carefully read the above and foregoing document; the undersigned knows the contents thereof have been accurately and truly given and sign the same of their own free act. If the undersigned participant is under the age of 18, they will need a parents authorization and signature below.

_____	Participant Name	_____	Date
_____	Participant Signature		
_____	Participant Name	_____	Date
_____	Participant Signature		
_____	Parent Name (if under 18)	_____	Date
_____	Parent Signature		

Direct Payment

Dacotah Bank is pleased to offer you this convenient, timesaving service. Now you can have your payments made automatically from your checking or money market account. And, you won't have to change your present banking relationship to take advantage of this service.

Direct Payment Will Help You In Several Ways

There are many advantages to Direct Payment at Dacotah Bank. For example:

- ❖ It saves time - fewer checks to write
- ❖ It helps meet your commitment in a convenient and timely manner - even if you're on vacation or out of town.
- ❖ No lost or misplaced statements; your payment is always on time - it helps maintain good credit
- ❖ It saves postage costs
- ❖ It's easy to sign up for and easy to cancel
- ❖ It saves money - avoid all late charges

Here's How Direct Payment Works

You authorize regularly scheduled payments to be made from your checking or money market account. Then, just sit back and relax. Your payments will be made automatically on the specified date. Proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form on the next panel and return it to Dacotah Bank.

RETAIN FOR YOUR RECORDS

On _____ (DATE) I authorized

Town of Roslyn
(COMPANY NAME & DEPARTMENT)

(ADDRESS & PHONE NUMBER)

to initiate electronic entries to my checking/money market account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

INITIAL PAYMENT AMOUNT

\$

REGULAR PAYMENT DATE

1st of each month

AUTHORIZATION FOR DIRECT PAYMENT

Company Name: Town of Roslyn
and the financial institution named below are authorized to initiate entries to my checking/money market account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

FINANCIAL INSTITUTION

BRANCH

CITY

STATE

ACCOUNT NUMBER

NAME (PLEASE PRINT)

ADDRESS (PLEASE PRINT)

CITY

STATE

ZIP

SIGNATURE

DATE

TRANSIT ROUTING NUMBER

:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
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Located between these symbols
: :
: :
on the bottom left of your check