



TSC Pewaukee/Milwaukee Member/Pass Holder Agreement & Waiver

How To Fill Out This Form: At TSC, the Member/Pass Holder is the primary participant using the facility. TSC Members enjoy access to any club nationwide, admission to TSC Hosted Events at their designated club and may enjoy discounted rates for Special Events. TSC Pass Holders enjoy flexible purchasing options to gain full day access for any location or open event, at any time. Please fill out the Member/Pass Holder Information below + Legal Guardian + Emergency Contact + selected Purchase Option.

One (1) TSC Member/Pass Holder Agreement & Waiver form must be completed per household. Questions? We are here to help!

Member/Pass Holder Information *List additional participants (same household) in the Double or Family section.*

Member/Pass Holder Full Name: _____
 Date of Birth: _____ Diagnosis (if applicable): _____
 Primary/Alt. Phone: _____ Gender: _____
 Email: _____
 Full Address: _____

Please notify us prior to each visit if you have any special considerations

Double: Member/Pass Holder *Purchasing a Double Membership or Additional Day Pass for Sibling/Same Household.*

Name	Relationship to Member	Date Of Birth	Phone/Email (If different than above)	Diagnosis (optional)

Family: Member/Pass Holder *Purchasing a Family Membership or Family Day Pass for Siblings/Same Household.*

Name	Relationship to Member	Date Of Birth	Phone/Email (If different than above)	Diagnosis (optional)

Legal Guardian *Responsible Party for Member/Pass Holder. Only include information if different than above.*

Full Name: _____
 Date of Birth: _____ Relationship: _____
 Primary/Alt. Phone: _____
 Email: _____
 Full Address: _____

How did you hear about us (check all that apply):
 Google Search Facebook Instagram Event
 Therapist Case Manager/Service Coordinator Word of Mouth Advertisement
 Other/Referred By: _____

Emergency Contact

Name/Relationship: _____ Primary Phone: _____
 Email/Alt. Contact: _____

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Accompanied Relationships: Caregivers must be at least 18 years of age to be listed below.

Name	Relationship (Parent/Caregiver/Therapist/Etc.)	Over 18?
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N

Purchase Option: There is no enrollment fee. Fee for the membership/pass selected is: (select one)

MEMBERSHIPS

Individual (1) <input type="checkbox"/> \$54/Month <input type="checkbox"/> \$648/Year	Double (2) <input type="checkbox"/> \$74/Month <input type="checkbox"/> \$888/Year	Family (3+) <input type="checkbox"/> \$99/Month <input type="checkbox"/> \$1,188/Year	Upgrade (From Indiv) <input type="checkbox"/> \$20/Mo. Double <input type="checkbox"/> \$45/Mo. Family
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CUSTOM MEMBERSHIP (Requires Manager Approval)

Type & Price <input type="checkbox"/> Individual \$54/Month <input type="checkbox"/> Double \$74/Month <input type="checkbox"/> Family \$99/Month	Duration # Months: _____	Payment <input type="checkbox"/> Month-to-Month <input type="checkbox"/> Paid In Full	Total: \$ Exp Date:
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DAY PASSES

Individual Day Pass (1) <input type="checkbox"/> \$20/Participant <i>Quantity: _____</i>	Double Day Pass (2) <input type="checkbox"/> \$40/Participants <i>Quantity: _____</i>	Family Day Pass (3+) <input type="checkbox"/> \$45/Family <i>Quantity: _____</i>	Total: \$ Exp Date:
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PERSONAL PAY

Payment Authorization Agreement

Name on Card: _____

Billing Address: _____

I/We agree to provide a valid form of payment at the time of our visit. **Initials:** _____

COUNTY or STATE FUNDING (If applicable)

Case Manager Name	Phone Number	Email	County/Company
	()		

Sign the Terms and Conditions of membership attached hereto as part of this agreement.

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Terms and Conditions

As used herein, "member" shall mean any member, pass holder, participant, or guest, in any way utilizing the facilities of The Sensory Club® who has executed these Terms and Conditions. Monthly dues for the following month, along with authorized member charges will be collected electronically on the 1st of the month, unless previously paid by other means. All members must provide Electronic Funds Transfer information required above. If we are unable to collect payment electronically, the member will be notified, and payment must be made by other means, no later than the 10th day of the month to maintain membership privileges.

- I understand that Membership dues are not subject to applicable state sales tax.
- I understand that monthly agreements automatically renew on a month-to-month basis until cancelled by the member in writing and giving a 30-day notice.
- I understand that my account will be charged for any programs and services not paid at the time of registration.
- Dues must be current at all times or membership will be suspended or terminated.

1. **PROVISIONS.** The Sensory Club Pewaukee / Milwaukee will provide our unique sensory gym and private multisensory environments for children and adults of all ages and disabilities to assist in their exploration of their sensory needs. The Sensory Club Pewaukee / Milwaukee may be unavailable during periods of repair and maintenance or special events, programs, or private parties or by management schedule for these events. There will be no adjustment in dues for this period of closure.

2. **MEMBER'S HEALTH WARRANTY.** The member or his / her guardian, warrants and represents that the member or any family member or guest entitled to use the facilities of The Sensory Club Pewaukee / Milwaukee under the terms of membership has no disability, impairment, or ailment preventing him/her from engaging in active or passive exercise, or that will be detrimental or adverse to such person's health, safety, physical condition if he/she does so engage and participate. The member or guardian acknowledge and agrees that: 1) The Sensory Club Pewaukee / Milwaukee will rely on the foregoing warranty in issuing the membership; 2) The Sensory Club Pewaukee / Milwaukee shall have no obligation to perform a fitness assessment or similar testing to determine the member's physical condition; 3) if any fitness assessment or similar testing is performed, it is solely for the purpose of providing comparative data with which the member can track progress in a program and is not for diagnostic purposes. 4) The Sensory Club Pewaukee / Milwaukee shall not be subject to any claim, demand, injury whatsoever on account of The Sensory Club Pewaukee / Milwaukee's evaluation or interpretation of such fitness assessment or similar testing. 5) The Sensory Club Pewaukee / Milwaukee shall not be liable for any injury arising out of the member's disability, impairment, or ailment preventing him/her from engaging in active or passive exercise, or that would be detrimental or adverse to such person's health, safety, physical condition if he/she does so engage or participate. Each member, guest, should be aware of his/her medical history and should consult with a physician prior to engaging in exercise or continuing to exercise if a medical condition appears or appears to be developing.

3. **LIABILITY AND WAIVER OF LIABILITY.** Each member individually (or through their guardian) and on behalf of his / her guardian shall be liable for any property damage and/or personal injury (caused by the member, member's family, guest, or any other person) at The Sensory Club Pewaukee / Milwaukee or any activity or function operated, arranged, or sponsored by The Sensory Club Pewaukee / Milwaukee. It shall be the obligation of the member to pay for any costs involved upon presentation of a statement thereof. Any and all use of The Sensory Club Pewaukee / Milwaukee facilities or participation in, The Sensory Club Pewaukee / Milwaukee, activities operated, arranged, or sponsored by The Sensory Club Pewaukee / Milwaukee either on or off the premises by the member, member's family, or guest(s) shall be AT SUCH PERSON'S OWN RISK, and The Sensory Club Pewaukee / Milwaukee shall not be liable for any injuries or damages to such person, or the property of such person, or be subject to any claim, demand, injury or damages. The member individually, and on behalf of their guardian, heirs, administrators, assigns and successors does hereby expressly forever release and discharge The Sensory Club Pewaukee / Milwaukee, its successors and assigns, as well as its officers, agents, employees from all such claims, demands, actions, and causes of action.

4. **MEDIA WAIVER / RELEASE.** Each member or his / her guardian grants permission to The Sensory Club® the irrevocable and unrestricted right to reproduce the photographs and /or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release The Sensory Club® and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements (with or without my first name), for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

5. **SUSPENSION OR TERMINATION OF MEMBERSHIP AGREEMENT.** Management has the right to suspend and/or terminate any membership for any non-payment of dues or for behavior which interferes with the enjoyment of The Sensory Club Pewaukee / Milwaukee by other members and staff for any reason deemed sufficient in the sole discretion of Management.

6. **ENTIRE AGREEMENT.** This agreement constitutes the entire and exclusive membership agreement between the parties. Any promise, representation, understanding, oral or written, pertaining directly or indirectly to the agreement which are not set forth herein, are hereby waived. The parties agree that this agreement may be electronically signed and that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity and admissibility.

Parent(s), caregiver(s), or legal guardian(s) must sign for any participating member and agree that they and the member are subject to all the terms and conditions of this document, as set forth above. By signing, the parent(s), caregiver(s) or legal guardian(s) agree that they are also subject to all the terms and conditions of this document, as set forth above.

I certify that I have read and understand the Terms and Conditions and may request a copy of them at any time.

Request copy of this form.

Printed Name (Primary Member/Pass Holder)

Date

Printed Name (Responsible Party)

Signature (Responsible Party)

Relationship

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For Office Use Only

Initials Received: _____

WL Mailchimp Scanned Shred CC _____

Initials Completed: _____

- | | | | |
|-------------------------------------|--|------------|--|
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> Mo / <input type="checkbox"/> Yr | Exp: _____ | <input type="checkbox"/> PASS HOLDER _____ (Type / Quantity) |
| <input type="checkbox"/> DOUBLE | <input type="checkbox"/> Mo / <input type="checkbox"/> Yr | Exp: _____ | |
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> Mo / <input type="checkbox"/> Yr | Exp: _____ | <input type="checkbox"/> Special Coupon Code: _____ |
| <input type="checkbox"/> CUSTOM | <input type="checkbox"/> Mo / <input type="checkbox"/> PIF | Exp: _____ | <input type="checkbox"/> Discount Category: _____ |

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