



# TSC Pewaukee/Milwaukee Member / Pass Holder Agreement

## **Member/Pass Holder Information – List Additional Members Below**

Member/Pass Holder Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Diagnosis (optional): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Gender: \_\_\_\_\_

Special considerations for any participants? \_\_\_\_\_

### **Double Membership** (Additional member in the *same household* sharing this membership)

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

### **Family Membership** (Additional members in the *same household* sharing this membership)

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

### **Parent, Guardian, or Caregiver Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (If different than above): \_\_\_\_\_

Group / School / Organization: \_\_\_\_\_

Referred By: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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### Individuals Who May Accompany Member(s)

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
		<input type="checkbox"/> Y <input type="checkbox"/> N

**Fees and Dues:** There is no enrollment fee. Fee for the membership/pass selected is: (select one)

MEMBERSHIPS				
<b>Individual</b> <input type="checkbox"/> \$49/Month <input type="checkbox"/> \$588/Year	<b>Double</b> <input type="checkbox"/> \$69/Month <input type="checkbox"/> \$828/Year	<b>Family</b> <input type="checkbox"/> \$89/Month <input type="checkbox"/> \$1068/Year	<b>Upgrade</b> <input type="checkbox"/> \$20 Double <input type="checkbox"/> \$40 Family	
CUSTOM MEMBERSHIP (Requires Manager Approval)				
<b>Payment</b> <input type="checkbox"/> Month-to-Month <input type="checkbox"/> Paid In Full	<b>Type</b> 	<b>Duration</b> 	<b>Price</b> 	<b>Expiration</b> 
PASSES				
<b>Individual Day Pass</b> <input type="checkbox"/> \$20/Participant	<b>Family Day Pass</b> <input type="checkbox"/> \$45/Family	<b>Field Trip (2Hr)</b> <input type="checkbox"/> \$10/Participant	<b>Party/Event (2Hr)</b> <input type="checkbox"/> \$10/Participant	<b>Quantity</b> 

PERSONAL PAY
<b>Payment Authorization Agreement:</b>
Name on Card: _____ Card #: _____ Exp. Date: _____ CVV: _____
**Please list Billing Address if different than stated on page 1:

COUNTY or STATE FUNDING			
Service Coordinator Name	Phone Number	Email	County/Company
	(   )		

**The Terms and Conditions of membership attached hereto are part of this agreement.**

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## 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 below. 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.

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 received a copy of the Terms and Conditions and have read and understand them.**

\_\_\_\_\_  
**Printed Name (Primary Member)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name (Responsible Party)**

\_\_\_\_\_  
**Signature (Responsible Party)**

\_\_\_\_\_  
**Relationship**

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<b>For Office Use Only</b>				Initials Received: _____
<input type="checkbox"/> WL	<input type="checkbox"/> Mailchimp	<input type="checkbox"/> Scanned	<input type="checkbox"/> Shred CC	Initials Completed: _____
<b>For Office Use Only (Check / Date )</b>				
<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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