

# 健身場館會員證明表

請在下方填寫您的全名，然後讓您的健身場館填寫本表剩下的內容。請將本表與ExerciseRewards® 補償申請表/記錄以及付款證明一起寄往：

**ExerciseRewards, P.O. Box 509117, San Diego, CA 92150-9117**

請記住，我們可能會要求您提交一份您健身場館的協議書。如果您不能完成本表中所有的必要信息，可能會導致我們拒絕您的補償申請。

姓 \_\_\_\_\_ 名 \_\_\_\_\_ 中間名首字母 \_\_\_\_\_  
出生日期 \_\_\_\_\_ 健康計劃ID \_\_\_\_\_

## ***Fitness Facility Information***

Facility Name \_\_\_\_\_

Facility Address (Number, Street, Suite) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_

## ***Type of Arrangement***

Fitness Facility Agreement

Signed Application

Other - Please Explain \_\_\_\_\_

## Membership

Individual membership       Family membership - If family membership, list names below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***Membership Term***

Amount Paid for Membership      \$ \_\_\_\_\_

Month-to-Month      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

Annual Membership      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

Other \_\_\_\_\_      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

## ***Fitness Facility Attestation:***

I, \_\_\_\_\_ (fitness facility representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness facility.

Fitness facility representative signature \_\_\_\_\_

Date \_\_\_\_\_