



TSC Austin 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"/> \$49/Month <input type="checkbox"/> \$588/Year | Double (2) <input type="checkbox"/> \$69/Month <input type="checkbox"/> \$828/Year | Family (3+) <input type="checkbox"/> \$89/Month <input type="checkbox"/> \$1068/Year | Upgrade (From Indiv) <input type="checkbox"/> \$20/Mo. Double <input type="checkbox"/> \$40/Mo. Family |

| CUSTOM MEMBERSHIP (Requires Manager Approval) | | | |
|---|------------------------------------|--|--|
| Type & Price <input type="checkbox"/> Individual \$49/Month <input type="checkbox"/> Double \$69/Month <input type="checkbox"/> Family \$89/Month | Duration # Months: _____ | Payment <input type="checkbox"/> Month-to-Month <input type="checkbox"/> Paid In Full | Total: \$ Exp Date: |

| 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: |

| PERSONAL PAY | |
|---|--|
| Payment Authorization Agreement | |
| Name on Card: _____ Billing Address: _____ Card #: _____ Exp. Date: _____ CVV: _____ | |
| <input type="checkbox"/> 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 Austin 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 Austin 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 Austin 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 Austin will rely on the foregoing warranty in issuing the membership; 2) The Sensory Club Austin 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 Austin shall not be subject to any claim, demand, injury whatsoever on account of The Sensory Club Austin's evaluation or interpretation of such fitness assessment or similar testing. 5) The Sensory Club Austin 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 Austin or any activity or function operated, arranged, or sponsored by The Sensory Club Austin. 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 Austin facilities or participation in, The Sensory Club Austin, activities operated, arranged, or sponsored by The Sensory Club Austin 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 Austin 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 Austin, 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 Austin 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

WL Mailchimp Scanned Shred CC

Initials Received:

Initials Completed:

INDIVIDUAL Mo / Yr Exp: PASS HOLDER (Type / Quantity)
DOUBLE Mo / Yr Exp:
FAMILY Mo / Yr Exp: Special Coupon Code:
CUSTOM Mo / PIF Exp: Discount Category:

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