



Zoe Fit Enrolment

Name _____ Date of Birth _____

Address _____

_____ Postcode _____

Email _____

Day phone _____ Mobile _____

Credit card (MC, Visa) _____

Expiry ____/____ CVV _____ Name _____

Enrolment Type. 10. 20. 6 mth. 12 mth. 18 mth. DD. Full

Date first commenced _____

I agree to pay in full when payments become due in advance. I agree that I have sought medical advice and I am happy with my initial health and I am capable of doing exercise at a Zoe Fit location. I will endeavour to take all necessary precautions to exercise in a safe manner and will not hold Zoe Fit coaches and or staff liable for any injuries sustained due to my own negligence. I am over the age of 18, and if I have a child which I will bring to a Zoe Fit location, I will take full responsibility for their actions and not hold Zoe Fit coaches or staff liable. I understand the fees I pay are non refundable and the structured discounts for long term contracts are compensation enough for the fees I pay. I will take all care when operating any apparatus as to not impact on other Zoe Fit Clients, coaches and staff and I will do so in a safe manner as to not cause injury. I will view any changes of terms and conditions on www.zoefit.com.au on a regular basis. I understand I must inform staff at Zoe Fit of any changes to do with address, medical conditions, bank and credit card account details immediately upon change. I agree to pay any default fees incurred if bank charges Zoe Fit, however I also agree to pay an admin fee of \$15 every time a default occurs on my account. I also agree that if debt collection is required I will be charged a minimum of \$300 plus any costs associated with recouping monies owed to Zoe Fit.

I agree to terms and conditions of enrolment.

Signed _____ (print name).

Date _____

Signed for Zoe Fit _____

Date _____