

Membership Agreement Addendum 2020

To adhere all Shirlee's Policy including, but not limited to the following:

- I agree to all check-in procedures including a temperature check and health questionnaires, and recommended to be showered and wear clean clothes prior to entering the club.

- I will not come to club if I have a cough, fever or feel unwell. I understand that I will be asked to leave the club if Shirlee's Team finds me coughing and advised to seek medical attention.

- I know that I must need to make a gym reservation/ or Personal Training reservation prior to coming to the club. I understand that Shirlee's will implement a No Show Policy, a fee of \$10 charged to my account or a full PT session will be pulled when I do not cancel the appointment within 24 hours. I also understand the reservation can be made by our Shirlee's App, or a phone call to the club at (909) 985-6400.

- I agree to abide by all of the time allotments (1.5 hours) and I understand that there is a maximum occupancy per room according to CDC guidelines.

- I agree to abide all physical/social distancing, wear face masks in common areas, and wash/sanitize my hands frequently.

- I agree to clean all equipment that I use, and Shirlee's is providing Sanitation Spray Bottles throughout the club, towel service and bottle waters. Due to the CDC guidelines the cost will pass on to the members. Therefore, I will be subject to a Sanitation Fee of \$10 a month, and will be collected on my first gym visit for the month until further notice.

- I understand that Shirlee's hours, class schedule, and CDC recommendations are subject to change during Phase 1-3 Reopening Plan.

- I understand that only respectable behavior will be accepted. It is my responsibility to do what is necessary to protect myself, our members and employees.



I understand that the Membership Waiver of Liability that I signed when joining applies to all Online Virtual Classes and Zoom Sessions that I choose to participate in.

WE RESERVE THE RIGHT TO DENY ACCESS TO ANYONE WHO DOES NOT COMPLY WITH THESE PRECAUTIONS.

Membership #

Membership Name Printed

Date/ Time

Signature