COMBAT CENTRAL

FIXED TERM MEMBERSHIP AGREEMENT

Upfront Payment • Fixed Term Contract

SELECT YOUR FIXED TERM MEMBERSHIP

3 MONTH	6 MONTH	12 MONTH
$40	**$35**	**$30**
PER WEEK	PER WEEK	PER WEEK
Total: $520	Total: $910	Total: $1,560
Payable upfront	Payable upfront	Payable upfront

SELECTED MEMBERSHIP TERM: Click above to select term

TOTAL AMOUNT PAYABLE: $

COMMENCEMENT DATE: DD/MM/YYYY

EXPIRY DATE: DD/MM/YYYY

PAYMENT DETAILS - FULL UPFRONT PAYMENT REQUIRED

PAYMENT METHOD: EFTPOS / Card / Cash

AMOUNT PAID: $

DATE PAID: DD/MM/YYYY

RECEIPT NUMBER

STAFF INITIAL

MEMBER INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH (16+): DD/MM/YYYY

PHONE NUMBER

EMAIL ADDRESS

RESIDENTIAL ADDRESS

EMERGENCY CONTACT NAME & PHONE

FIXED TERM TERMS & CONDITIONS

1. **Upfront Payment:** Full payment for the entire fixed term must be made before membership commences. No partial payments or payment plans are available for fixed term memberships.
2. **Fixed Term Period:** Membership is valid for the selected term (3, 6, or 12 months) from the commencement date. Membership automatically expires at the end of the term unless renewed with a new upfront payment.
3. **No Refund Policy:** All fixed term membership payments are final. No refunds, credits, or transfers will be provided for any reason, including change of mind, injury, illness, or inability to use facilities during the term.
4. **Freeze/Hold:** Fixed term memberships cannot be frozen or put on hold. The membership runs continuously for the full selected period regardless of attendance.
5. **Transfer:** Memberships are non-transferable and cannot be transferred to another person under any circumstances.
6. **Renewal:** To continue after expiry, a new fixed term contract with full upfront payment is required. No automatic renewals.

WAIVER & RELEASE OF LIABILITY

1. **Physical Fitness:** I confirm that I am in good physical health and have no medical conditions that would prevent me from safely participating in combat sports training. I agree to inform staff of any injuries or medical conditions before the session begins.
2. **Liability Waiver:** You participate at your own risk. Combat Central, its staff, and affiliates are not liable for any injury, loss, or damage sustained during training, except where caused by gross negligence.
3. **Code of Conduct:** I agree to follow all gym rules, respect staff and other participants, and maintain appropriate hygiene. Combat Central reserves the right to refuse service or remove any participant for inappropriate behavior without refund.
4. **Personal Property:** Combat Central is not responsible for lost or stolen personal belongings. I understand that I bring my belongings at my own risk and should secure all valuables.
5. **Photography & Marketing:** I consent to being photographed or filmed during training sessions for promotional purposes. I will inform staff if I do not wish to be featured in any marketing materials.
6. **Equipment:** I understand that I must bring my own hand wraps. Shin guards are required for kickboxing technical classes. I am responsible for ensuring I have appropriate equipment before the session begins.
7. **Arrival Time:** I agree to arrive 10-15 minutes before the scheduled class time to complete payment and warm-up. Late arrivals may be denied entry without refund.
8. **Medical Emergency:** In the event of a medical emergency, I consent to receiving first aid and/or emergency medical treatment. I understand that I am responsible for any associated medical costs.

MEDICAL CLEARANCE

☐ I confirm that I am physically fit to participate in combat sports training and have no known medical conditions that would prevent my safe participation.

☐ I have consulted with a medical professional regarding my participation in combat sports training (recommended if you have any existing health conditions).

IF YOU HAVE ANY MEDICAL CONDITIONS, INJURIES, OR TAKE MEDICATIONS, PLEASE LIST THEM HERE:

⚠ IMPORTANT REMINDER

Please arrive 10-15 minutes before class. Bring your own hand wraps. If you do not own wraps, please speak to staff. For kickboxing technical classes, shin guards are required.

AGREEMENT

By signing below, I confirm that I have read, understood, and agree to all terms outlined in this fixed term membership agreement. I understand that this is a legally binding release of liability and that I am participating at my own risk. I acknowledge that full upfront payment has been made and no refunds will be issued.

MEMBER SIGNATURE	COMBAT CENTRAL REPRESENTATIVE
Print Name:	Staff Name:
DATE: DD/MM/YYYY	DATE: DD/MM/YYYY

Combat Central Ltd
Questions? Email: combatcentralltd@gmail.com
Must be 16+ to participate