

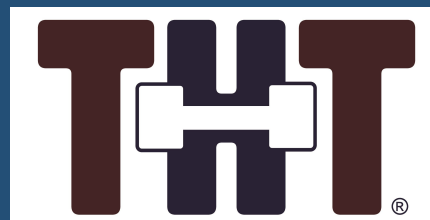


## Physical fitness centre of Saint- Lambert

Maniatis THT Training Inc  
Studio Licence #304018  
600, avenue Oak, Saint-Lambert  
(Québec), J4P 2R6, 450-465-1426

### Membership guide

May 1 2017



# The physical fitness centre

Saint-Lambert Maniatris THT® Training is proud to provide an excellent, safe training facility for keeping fit. Members of the physical fitness centre benefit from quality equipment, the expertise and experience of professional certified trainers, and a pleasant environment with large windows that look onto the park. You may also want to take advantage of our other THT® services like our complete nutrition / meal plan and amazing personal training to help you reach all your wellness and fitness goals.

## Fitness centre schedule 600 Oak Ave, Saint-Lambert (450) 465-1426

- Monday to Friday, from 6 a.m. to 10 p.m.;
- Saturday and Sunday, from 7 a.m. to 8 p.m.

## Membership options and costs (taxes not included, installments possible)

Annual membership		Other memberships (adults)		Other memberships (adults)	
Adult	\$380	One visit	\$20	À la carte (10 visits)	\$155
Student (ages 16 to 25)	\$195	Personal training	available	One month	\$85
Senior (60 year and over)	\$275	Programs	available	Three months	\$165
<b>VIP Memberships NOW Available</b>	–	Nutrition – meal plan	available	Six months	\$280

### Please note:

- Non-residents will be charged a supplement of 20\$ of the cost for residents.
- A private fitness evaluation / orientation session with a THT® trainer is included in the cost of memberships. This session is highly recommended for all members at any fitness level. An appointment for your private fitness evaluation / orientation session can be scheduled following your membership registration/purchase.

**Membership form** Contract start date \_\_\_\_\_ and end date \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_ Date of birth \_\_\_\_\_

Membership selected \_\_\_\_\_ Total Cost with taxes \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ Tel. (home) \_\_\_\_\_

Tel. (work) \_\_\_\_\_ Email \_\_\_\_\_

Name of guarantor (if the person is a minor) \_\_\_\_\_

**Merchant's Signature:** \_\_\_\_\_ **Name in block letters:** \_\_\_\_\_

Date: \_\_\_\_\_ Client's Signature: \_\_\_\_\_

«Clause required under the Consumer Protection Act.

(Contract entered into by a merchant who operates a physical fitness studio) The consumer may cancel this contract without charge or penalty before the merchant has begun the performance of his principal obligation by sending the form attached hereto or another notice in writing for that purpose to the merchant. If the merchant has begun to perform his principal obligation, the consumer may cancel this contract within a time period equal to 1/10 of the duration prescribed in this contract by sending the attached form or another notice in writing for that purpose to the merchant. Such time period shall begin at the time the merchant begins to perform his principal obligation. In that case, the merchant may not exact from the consumer payment of any sum greater than one-tenth of the total price prescribed in the contract. The contract is cancelled without further formality upon the sending of the form or notice. Within 10 days following the cancellation of this contract, the merchant must restore to the consumer the money he owes him. It is in the consumer's interest to refer to sections 197 to 205 of the Consumer Protection Act (R.S.Q., c. P-40.1) and, where necessary, to communicate with the Office de la protection du consommateur.

## To become a member

Please visit our website  
www.totalhometraining.com

### Make sure to bring at your first visit:

- The completed form (below);
- The signed PAR-Q form (further in this guide);
- A PARmed-X form completed by your doctor (only if you answered YES to one or more of the questions on the PAR-Q form, or if you are over 70);
- The signed disclaimer and rules and regulations agreement (further in this guide);
- A photo will be taken on site;
- A photocopy of a proof of age, if applicable (student or senior);
- A photocopy of a proof of full time student status, if applicable.
- Yearly registration fee 15\$, if applicable.

Your membership card will be given to you only once your paperwork is completed.

To benefit from the student price; you must be a full-time student between the ages of 16 and 25.

Physical Activity Readiness  
Questionnaire - PAR-Q  
(revised 2002)

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not</b>

If you answered YES to one or more of these questions, the manager of the physical fitness centre requires that, for your safety, you consult your doctor, who must complete the PARmed-X form before you begin your training program.

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

3/5 Over Leaf



## Disclaimer and assumption of risks agreement

The purpose of this agreement is to inform members of the THT® Saint-Lambert physical fitness centre, hereinafter referred to as the PFC, of the responsibilities and risks that are associated with using the machines and equipment of the PFC.

Any physical activity involves some inherent risks and danger. For this reason, PFC staff are accredited fitness trainers and they possess First Aid and CPR level AED/Defibrillation certification.

### It is very important to read and understand the following clauses:

1. The PFC member acknowledges that his or her membership provides access to the PFC's machines and equipment during the opening hours determined by the manager of the PFC, subject to the PFC's rules and regulations, as well as any amendments. The rules and regulations were given to the member when he or she purchased a membership;
2. The member agrees to respect all the rules and regulations in effect in the PFC. The member understands that failure to do so may result in the manager of the PFC revoking his or her membership;
3. As far as possible, each provision in this agreement shall be interpreted in such a manner as to be valid and to be in effect under applicable laws. If any provision of this agreement shall be held to be invalid under applicable laws, this provision will be inoperative only to the extent necessary to comply with applicable laws, and it shall have no effect on the validity of any other remaining provisions in this agreement or their application to other parties or circumstances;
4. Failure by the manager of the PFC to exercise any right under this agreement or the tolerance by the manager of the PFC of any breach of obligation undertaken under this agreement shall not constitute a renunciation for the future of this right and or imply a tolerance of a subsequent breach;
5. The member agrees not to lend or transfer the rights of his or her membership to another person;
6. This agreement shall be governed by and interpreted in accordance with the laws of the province of Quebec. The member irrevocably submits to the non-exclusive jurisdiction of the courts located in the province of Quebec;
7. The member acknowledges having received a copy of this agreement after signing;
8. The member acknowledges that his or her presence at the PFC, the use of machines and equipment, and his or her participation in a training program could cause bodily harm. He or she acknowledges that there are inherent risks in physical activity. In consideration of the manager of the PFC allowing the member to take out a membership and make use of the PFC and its facilities, under this agreement, the member understands the risk of bodily harm, material loss, or any other damages that may result from not following the PFC's rules put forth to protect its members or respecting the directions of PFC's staff. The abovementioned risks include, without limitation, the risk of theft, the risks associated with aerobic activity, the use of toning equipment, and physical exercise.
9. The member declares that he or she is physically able to participate in the abovementioned physical activities that he or she may undertake at the PFC and that he or she alone assumes responsibility for all health risks associated with these activities. He or she acknowledges that a physical fitness evaluation and the recommendations by the PFC regarding various activities should not be used as a substitute for an evaluation or recommendations from his or her doctor before starting an exercise program or participating in any of the activities offered by the PFC.

#### Reserved for office use :

Name in block letters : \_\_\_\_\_ Title : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Location : \_\_\_\_\_

I acknowledge having read and understood the clauses of this agreement and agree to comply with them.

\_\_\_\_\_  
Name of member (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of legal guardian if member is under 18 years

## THT® Saint-Lambert physical fitness centre Rules and regulations

Upon your arrival, please present and scan your membership card to the supervisor.

- Bags, coats, and boots are not permitted in the fitness centre. Lockers are available in the locker room belonging to the city of Saint-Lambert. We strongly recommend that you use a personal lock.
- We also strongly recommend that you do not leave anything of value in a locker, even if it is secured with a lock. The manager of the PFC is not responsible for any lost or stolen articles. All articles and locks must be removed at the end of each day or the lock will be cut off by the city and the contents of the locker removed without any liability on the part of the manager of the PFC.
- Clean and proper attire is required. T-shirts, shorts, or tracksuits are recommended. Shirts must be worn at all times. Swimwear is forbidden.
- Bring your own towel to place on machine while using and use paper towels (supplied) to wipe down the machines after use.
- Clean and dry gym shoes are mandatory. Boots and street shoes are not permitted in the fitness centre.
- Access to the PFC is forbidden to people under 16 years of age, unless authorized by PFC head office.
- The manager of the PFC reserves the right to change the fitness centre schedule.
- Membership cards remain the property of the manager of the PFC and may be revoked upon request by the manager of the PFC.
- To ensure members' safety, fitness evaluations are highly recommended.
- Workouts must be executed as demonstrated by the PFC trainer, who may intervene if a member is training in an unsafe manner or in a manner that does not comply with the rules of the PFC.
- If you are doing multiple sets on a machine, it is courteous to let others work in during your rest periods. We ask that you limit your time on a machine or at a free-weight station to two (2) minutes.
- Users are forbidden to post notices, engage in any form of promotion or solicitation, or sell any product or service.
- All equipment, including free weights, must be returned to the appropriate storage areas after use.
- Before using the treadmills, elliptical trainers, and semi-recumbent exercise bikes, you must sign up on the board to reserve them.
- There is a 30-minute maximum time limit on all cardio machines. The trainer may ask a user who does not respect this rule to leave the equipment for someone else.
- A fee will be applicable to replace a lost or damaged card. Lending or intentionally forging or altering a membership card will result in all membership privileges being revoked without reimbursement.

**Reserved for office use :**

Name in block letters : \_\_\_\_\_ Title : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Location : \_\_\_\_\_

I have read the rules and regulations of the physical fitness centre and I accept the terms and conditions as described.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Location

**ANNEXE 9**

## FORMULE DE RÉSILIATION

(LOI SUR LA PROTECTION DU CONSOMMATEUR, ART. 199)

À: .....  
(nom du commerçant).....  
(adresse du commerçant)Date: .....  
(date d'envoi de la formule)

En vertu de l'article 204 de la Loi sur la protection du consommateur, je résilie le contrat

(No .....) conclu le ..... à .....  
(numéro du contrat) (date de la conclusion du contrat) (lieu de la s'il est indiqué conclusion du contrat).....  
(nom du consommateur).....  
(signature du consommateur).....  
(adresse du consommateur)**SCHEDULE 9**

## CANCELLATION FORM

(CONSUMER PROTECTION ACT, S. 199)

To: .....  
(name of merchant).....  
(address of merchant)Date: .....  
(date of sending of this form)

By virtue of section 204 of the Consumer Protection Act, I cancel the contract

(No .....) made ..... at .....  
(number of the contract if indicated) (date when the contract was made) (place where the contract was made).....  
(name of consumer).....  
(signature of consumer).....  
(address of consumer)