



Hubbard Fitness Center

6-Month Membership

- \$150 plus a one-time new membership fee of \$35.

12-Month Membership

- \$290 plus a one-time new membership fee of \$35.

Once the membership agreement is filled out, member must schedule an orientation with our in-house trainer Mike Heidinger. During the orientation, you will be shown the fitness equipment and how to use each machine.

When the orientation is complete, Mr. Heidinger will initial your membership form. Once the form is initialed, please return it to the west lobby desk and someone from facilities will add Fitness Center access onto your building ID badge.

Appointments can be made by contacting Mike Heidinger at oneday1399@yahoo.com.

If you have any further questions, please contact Susan Sandor at susans@larkindg.com or (716) 362-2674.

Thank you,

Larkin Development Group

LARKIN DISTRICT

LARKIN AT EXCHANGE

LARKIN SQUARE

LARKIN U BUILDING

SCHAEFER BUILDING

111 HYDRAULIC STREET

CENTRAL BUSINESS DISTRICT

70 WEST CHIPPEWA STREET

598 MAIN STREET

726 Exchange Street ■ Suite 825 ■ Buffalo, NY 14210 ■ 716-362-2662

MEMBERSHIP AGREEMENT

_____ NEW MEMBER

_____ RENEWAL

MEMBERSHIP AGREEMENT (and Release and Waiver of Liability and Indemnity Agreement)

_____	NAME	_____	E-MAIL
_____	ADDRESS	_____	DATE OF BIRTH
_____	CITY	_____	EMERGENCY CONTACT NAME/CONTACT #
_____	STATE	_____	EMPLOYED BY
_____	ZIP	_____	OFFICE TELEPHONE #
_____	CELL PHONE #	_____	

- I hereby represent to LCo Building LLC ("LLC") that I am purchasing the right to use the workout facilities located at the LCo Building for the (_____ 6 MONTH) (_____ 12 MONTH) fee of \$_____. Members will be charged \$25 for replacement electronic access cards.
- The member is entitled to full usage of the facility for the period specified below.
- The undersigned is familiar with the risk inherited in physical activities such as those conducted at the workout facility and the risk of personal injury to him or herself when undertaking such physical activities. The LLC encourages all members to have a complete physical examination before beginning any exercise program. The member hereby releases the LLC and its officers, agents, and employees from all claims, liability, or demand of any kind or on account of any personal injury, death, property damage, or other damages arising out of participation of said activities.
- RULES and REGULATIONS:** (1) Use equipment at your own risk. (2) Wipe off equipment when finished exercising. (3) Return all weights to their proper location. (4) Proper shirt and clean shoes are required. (5) Shower room floors are slippery when wet, use caution. (6) Use the facility in a safe and prudent manner.
- Members must be 18 years of age or older. Use of the Hubbard Fitness Center is for members only. No guests allowed.
- The undersigned acknowledges that he or she has honestly represented his or her physical condition and has no impairment or disability preventing him or her from engaging in the physical rigor of an exercise program. The member acknowledges that he or she has read and understands the content of this document.
- MEMBERSHIP DUES ARE NON-REFUNDABLE.**

MEMBERSHIP AMOUNT PAID \$ _____ MEMBER SIGNATURE _____

REGISTRATION FEE AMOUNT \$ _____ TYPE OF PAYMENT _____

DATE _____ EXP. DATE _____



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AGREEMENT AND RELEASE OF LIABILITY

Hubbard Fitness Center



In consideration for being allowed to participate and use equipment independently, in classes, activities, and programs in the Hubbard Fitness Center, and in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Larkin Development Group, LCo Building, LLC, and Michael Heidinger responsibility or liability for injuries or damages resulting from my participation in any activities or use of equipment in the above mentioned facility.

(Please initial here: _____)

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I understand and am aware that strength, flexibility, and aerobic exercise, including the use of weightlifting equipment. Involves a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment with the knowledge of the risks involved. I hereby agree to expressly assume and accept all risks of injury or death.

(Please initial here: _____)

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I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment as hereinafter stated.

(Please initial here: _____)

I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, boxing exercise, and training equipment so that I might have her/his recommendations concerning these fitness activities and equipment use.

I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment at the Hubbard Fitness Center without the approval of my physician and do hereby assume all responsibility for my participation and activities in the aforementioned classes and programs, as well as in the utilization of any and all exercise equipment in all the aforementioned activities.

Date

Signature

Print Name

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