

In front of Zilla School, Balasore T. 06782-268800 M. +91 7873268800 Email: mahakalgym@gmail.com Web: www.mahakalgymcom

PHOTOGRAPH

Be a priority member of "Mahakal Fitness Gym" Fill up this form and give it to our office.

MEMBERSHIP FORM Name **Blood Group** Occupation **Contact Address** 0 Mobile Telephone **Email** Please enclose your profile along with a cheque/cash/ UPI in favour of "Mahakal Fitness Gym", Infront of Zilla School, Balasore, Odisha Mail to: mahakalgym@gmail.com The Mahakal Fitness Gym would like to thank all its associates, their continuous support has been a major factor contributing to the success of its activities, growth and positioning. **Acceptance of Agreement:** I, hereby agree to accept and abide by the terms and conditions of this membership application and agreement. I understand that this membership agreement is on a limited period basis and will continue unless cancelled by "The Mahakal Fitness Gym". By signing below, I agree that I have received and read this membership document. Your Membership No. Category **Timing** Batch

Signature of Member Date:

Signature of Rep. of The Mahakal Fitness Gym Date:



RULES AND REGULATIONS

- All memberships must be paid in FULL with 1, 3, 6 or 12 month memberships
- All members must sign in at the front counter. You must PRINT YOUR NAME CLEARLY
- Gym members are ONLY permitted in the gym area. INSURANCE REGULATIONS
- Towels must be used to wipe benches after each set
- All weights, dumbbells, etc. must be put back to the proper rack (s) and strip down machines after use
- · Always use collars on bars
- · Always use a spotter
- · Always ask for help if you need it
- · No out-door used shoes are allowed inside workout area
- No dropping or banging of weights or machines are allowed
- No boxes, crates, etc. are to be placed under machines or benches at any time
- Keep benches away from the front of the dumbbell racks (behind lines).
- Use CAUTION and SAFETY measures at all times in the gym areas
- · No swearing or profanity at any time
- Hours: Monday-Saturday- 6.00 a.m. 10.30 a.m. & 4.30p.m. 9.00 p.m.
 Weekly off on Sunday

I have read and agree with all of the above terms & conditions.

Signature:	
Full Name(In Capital Letter)	
Date:/	