



# **GOLD'S GYM COLUMBIA**

**Owned and Operated by St. Andrews Fitness Corporation**

Columbiana Point	Forest Acres	Lexington	Northeast
800 Columbiana Drive	4502 Forest Drive	619 N. Lake Drive	9942 Two Notch Road
Irmo, SC 29603	Forest Acres, SC 29206	Lexington, SC 29072	Columbia, SC 29223

## **MEMBERSHIP CANCELLATION POLICY**

It is always our desire that you will be able to use your membership to the very last day of your term; however, we are aware that circumstances may prevent you from doing so. The following information is provided to clarify our policy on membership cancellation and to assist you in expediting the process in the event that you must cancel.

1. Your membership contract may be cancelled if you **have permanently relocated** to a residence over a fifty miles distance from any of the Gold's Gyms listed above. Prior to the actual relocation, you must provide reasonable evidence that the relocation will, in fact, occur. Reasonable evidence should consist of one of the following:
  - A letter from your new employer on company letterhead stating the expected date of employment. The letter must include the employer's name, address and phone number for verification purposes.
  - A photocopy of your updated driver's license which shows your new address. Note: you may not use the same driver's license that you submitted for identification when you signed your membership agreement.
  - A utility bill addressed to you at your new address.
  - A copy of the contract for the purchase of your new home, or a copy of the lease agreement for your new apartment.
  - Confirmation from U.S. Postal Service of mail forwarding order to new address.
2. Your membership contract may be cancelled in the event of a **substantial physical disability**, certified by a physician, which makes it permanently impossible for you to use any of Gold's Gym's services. You must submit a letter from a medical doctor which states that your disability is *substantially permanent* within thirty days of occurrence. The statement must include the doctor's name, address and phone number for verification purposes. (If your disability is not permanent, please contact a Gold's Gym representative regarding our freeze policy).
3. Your membership contract may be cancelled by your estate **in the event of your death**. Within 30 days, please have someone submit a copy of the death certificate or obituary notice.

*If none of the above circumstances apply to you*, your membership contract is not eligible for cancellation. If any of the above circumstances do apply to you, complete a "Membership Cancellation Request" form and submit it to membership accounting, Gold's Gym Columbiana Point.

**THE 30 DAY CANCELLATION NOTICE PERIOD WILL BEGIN UPON RECEIPT OF ALL REQUIRED DOCUMENTATION AND YOUR MEMBERSHIP WILL BE CANCELLED AT THE END OF THE 30 DAYS. ANY MONTHLY PAYMENTS THAT FALL WITHIN THE 30 DAY NOTICE PERIOD MUST BE PAID BEFORE MEMBERSHIP WILL BE CANCELLED.**

Before a cancellation is approved, the Gold's Gym Membership Accounting office must be satisfied that:

1. All information provided in support of your cancellation request is true and accurate
2. All fees are paid current to the effective cancellation date
3. All membership cards have been returned to Gold's Gym

**The burden of proof rests with the member. Gold's Gym reserves the right to deny cancellation in the absence of appropriate documentation or non-compliance with this cancellation policy.**



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## MEMBERSHIP CANCELLATION REQUEST

**ALL CANCELLATIONS REQUIRE 30 DAYS NOTICE AND ARE SUBJECT TO VERIFICATION BY GOLD'S GYM COLUMBIA CORPORATE OFFICE. PROOF PROVIDED MUST MEET THE ALLOWABLE CIRCUMSTANCES AS STIPULATED ON YOUR SIGNED MEMBERSHIP AGREEMENT UNDER "RIGHT TO CANCEL" CLAUSE.**

Please complete **ALL** of the appropriate sections.

### PERMANENT RELOCATION

I request that my membership contract be cancelled due to my permanent relocation to:

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

I have attached one of the following documents:

1. Copy of an apartment lease or mortgage agreement for my new address
2. Letter from my employer which states that this is a permanent position at the new location and states my start date
3. Copy of my updated driver's license with the new address
4. Utility bill addressed to me at my new address
5. Confirmation from U.S. Postal Service of mail forwarding order to new address.

### PERMANENT SUBSTANTIAL DISABILITY

I request that my membership contract be cancelled because I am permanently disabled as of \_\_\_\_\_ (date) due to \_\_\_\_\_ type of injury/illness).

I have attached a letter from my medical doctor which states that my illness/injury **permanently** prevents me from using any of the Gold's Gym services.

**I have read and understand the Membership Cancellation Policy of Gold's Gym Columbia. I also understand that the documentation required herein is subject to verification by Gold's Gym Columbia.**

Member Name (Print) \_\_\_\_\_ Member Signature \_\_\_\_\_

Member Barcode No. \_\_\_\_\_ Date \_\_\_\_\_

**Mail or deliver to:  
Gold's Gym Columbia  
800 Columbiana Drive, Suite 201  
Irmo, SC 29063**

\_\_\_\_\_  
Fitness Consultant Signature

\_\_\_\_\_  
Corporate Office Signature