MEMBERSHIP CANCELLATION REQUEST FORM

Note: All Cancellation requests must be reviewed and approved by a fitness manager before becoming effective.

Powerhouse Gym Chatsworth Cancellation Policy:

A member may cancel their membership at any time after the initial commencement date by notifying Powerhouse Gym in writing by mailing through the United States Mail, first-class, certified-return receipt requested, a thirty (30) day prior written notice to the address listed below. If member has a Type III contract member understands that they may not cancel their membership during the initial term unless one of the following has occurred and written proof has been submitted: 1. The member has permanently relocated further than 25-miles from the facility and we are unable to transfer your membership contract; or 2. A medical physician certifies that the member is unable to permanently engage in physical exercise.

SECTION 1: TO BE COMPLETED BY MEMBER

Today's Date:_____________________ Member Name:_________________________________
Phone:__________________________(C/W/H) E-Mail:_________________________________

Please take a moment to let us know how we’ve been doing in the following areas:

<table>
<thead>
<tr>
<th>Customer Service from front desk staff</th>
<th>Unsatisfactory</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Great</th>
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</thead>
<tbody>
<tr>
<td>Cleanliness and atmosphere of facility</td>
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<td>Group exercise classes and schedule</td>
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<tr>
<td>Overall experience with Powerhouse Gym</td>
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Reason for Cancellation:

SECTION 2: TO BE COMPLETED BY FACILITY REPRESENTATIVE

☐ I have spoken with member and discussed cancellation options (freezing) and procedures
☐ Cancellation During Initial membership contract term (Type III)
  ☐ Relocation: New address is not within 25 miles of facility and we can not transfer to another participating facility. Proof of address change attached.
  ☐ Medical: Doctor’s order stating member can no longer exercise is attached.
☐ Owner/Management Approval of Cancellation during initial term.

ENTER & VERIFY IN SYSTEM:

DATE:___________________________
Membership Cancellation Date:___/___/___ Membership Termination Date:___/___/___
Final EFT Billing Date:___/___/___

SECTION 3: SIGNATURES

I,__________________________________ acknowledge that the cancellation procedures and dates have been explained to me, and I understand that I will be charged one final EFT payment and will continue to receive my membership benefits for thirty(30) days after my final billing date.

Member Signature:____________________Date:___/___/___
Manager Signature Approving Cancellation:________________________Date:___/___/___
Name of person who cancelled membership in PHG:________________________Date:___/___/___