

Name of Health Club

## **COMMONWEALTH OF PENNSYLVANIA**OFFICE OF ATTORNEY GENERAL

Bureau of Consumer Protection 15th Floor, Strawberry Square Harrisburg, PA 17120 PHONE: 717.783.1992 | www.attorneygeneral.gov

PLEASE NOTE: This form is fillable and can be returned to the OAG by emailing it to: <a href="mailto:rcummings@attorneygeneral.gov">rcummings@attorneygeneral.gov</a>

## Certificate of Exemption from Financial Security Requirements of the Health Club Act

**Note:** A Certificate of Exemption must be filed for each separate location at which a business entity provides health club services.

1. This Certificate of Exemption is made on behalf of the following business entity:

Location	n of Health Club				
City		State	Zip Code	County	
Name of Corporation, LLC, Partnership or Individual Owner					
Address					
City		State	Zip Code	County	
Name of Contact Person			Fax Number		
Telephone Number			Current Registration Number (if applicable)		
Please indicate the current number of members who have prepaid their memberships.					
3.	For those members indicated above who have prepaid, please list the date when the last of those memberships expire.				
4.	All Health Club contracts used by the Health Club identified in paragraph 1 above must contain the following statement:				

alternate location within ten miles."

"Under this contract, no further payments shall be due to anyone, including any purchaser of any note associated with or contained in this contract, in the event the Health club at which the contract is entered into ceases operation and fails to offer a comparable

5.	Ce	ertifications	
		lease check the boxes to indicate that yo equirements:	u have read and understand the
		All payments due under the contract ar over an entire term of the contract, exc at the beginning of the contract, an initi six monthly installments to be made un establishing the initial Health Club men	ept that a club may charge and collect ation fee, not to exceed the lesser of der the contract, or the actual costs of
		There may be no payments of any type payments, membership fees or any oth other than the monthly payments and in paragraph.	er direct payment to the Health Club,
		The term of the contract may not excee	ed 12 months.
		I understand that I am under a continui Consumer Protection in writing of any of this Certificate of Exemption.	• •
6.	pro	Il Health Club contracts used by the Heal rovisions of the Health Club Act. A Healt ompliance with the Health Club Act is voi	n Club contract that is not written in
corre the l	ct. Hea	certify that the information contained in t I further certify that I have actual authorit alth Club identified in paragraph 1. I also erein are subject to the penalties for unsw to 18 Pa. C.S. Sect	y to make this certification on behalf of understand that any false statements orn falsification to authorities pursuant
Signatı	ıre c	of Authorized Party:	Date:
Print N	ame	ne: Titl	e: