CPTN MEMBERSHIP RENEWAL

FULL NAME: _____ COUNTRY: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ PHONE: _____

PROVINCE/STATE: _____

POSTAL CODE/ZIP: _____ MEMBER ID: _____

MEMBERSHIP RENEWAL FEES (CHOOSE ONE)

One Year Renewal Option

☐ $47.50 + HST (13%)

Two Years Renewal Option

☐ $85.50 + HST (13%)

PAYMENT METHOD

☐ VISA ☐ MasterCard ☐ American Express

CARD HOLDER: _____

CARD NUMBER: _____ EXP. DATE: _____/_____

MEMBERSHIP RENEWAL TERMS OF AGREEMENT

I ACKNOWLEDGE THAT THE INFORMATION CONTAINED ON THIS MEMBERSHIP RENEWAL FORM IS TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR MAINTAINING AN ACCURATE AND UP-TO-DATE RECORD OF MY FIRST AID, CPR AND CONTINUING EDUCATION CREDITS WHICH MAY BE REQUESTED BY CPTN AT ANY TIME AFTER BECOMING CERTIFIED AS PART OF A RANDOM AUDIT PROCESS. I AGREE TO RELEASE TO CPTN ANY INFORMATION RELEVANT TO MY CERTIFICATION. I FURTHER UNDERSTAND IF ANY OF THIS INFORMATION IS LATER DETERMINED TO BE FALSE, THE CPTN RESERVES THE RIGHT TO REVOKE ANY CERTIFICATION THAT HAS BEEN GRANTED ON THE BASIS HEREOF. I ACCEPT AND AGREE TO ADHERE TO THE CPTN CODE OF ETHICS. I UNDERSTAND THAT CPTN MEMBERSHIP DOES NOT CERTIFY OR IN ANY WAY GUARANTEE THE QUALITY OF MY WORK AS A FITNESS INDUSTRY, CERTIFIED PROFESSIONAL. I THEREFORE AGREE TO INDEMNIFY AND HOLD HARMLESS CPTN, ITS OFFICERS, DIRECTORS AND STAFF FROM ANY CLAIMS DUE TO NEGLIGENCE, OMISSION OR FAULTY ADVICE THAT I MAY GIVE TO CLIENTS AS A CPTN MEMBER AND FITNESS INDUSTRY PROFESSIONAL. I UNDERSTAND THAT CPTN IS NOT RESPONSIBLE FOR ANY ACTIONS OR DAMAGES FROM ANY PERSON ARISING OUT OF MY WORK AS A CPTN MEMBER IN GOOD STANDING OR AS A FITNESS INDUSTRY PROFESSIONAL.

_____ _____/_____/_____

SIGNATURE DATE

MAIL TO: CPTN INC., 122 D'ARCY STREET, TORONTO, ON, M5T 1K3, CANADA
E-MAIL TO: INFO@CPTN.COM