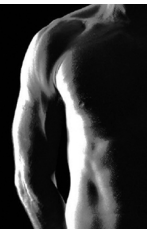


Gym Membership Application Form

UNLEASHED
BE TRANSFORMED
HEALTH & FITNESS CENTRE



- Please fill out all necessary details including your method of payment.
- It is important that the medical questionnaire is completed and signed as well as the terms and conditions of the contract.
- The minimum age for members is 16 unless approved by the Gym Manager.
- We will need to take a photo of you at reception to put with your membership details.

DATA PROTECTION

Unleashed Fitness Centre will collect and process member's personal data for office use only. The Data Protection Act 1998 requires Unleashed to obtain your agreement before this can be done. In signing this form you are giving consent for your personal and sensitive information to be processed under the rules and safeguards laid down by the 1998 Act. Any information provided will be dealt with confidentially and held securely.

Thank you for taking time to complete your application carefully and we look forward to welcoming you to our gym.

Personal details

Last Name:	<input type="text"/>		
First Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	PO Box:	<input type="text"/>
Postal Code:	<input type="text"/>	Sex:	<input type="text"/>
Home number:	<input type="text"/>	Mobile number:	<input type="text"/>
Email:	<input type="text"/>		

Do you declare a disability?: Yes No

If yes, please specify:

Emergency contact details

Contact Name:	<input type="text"/>	Home Number:	<input type="text"/>
Relationship:	<input type="text"/>	Mobile Number:	<input type="text"/>

OFFICE USE ONLY

Induction:	<input type="text"/>	Membership Type:	<input type="text"/>
Membership Number:	<input type="text"/>	Payment Type:	<input type="text"/>
Staff Name:	<input type="text"/>	Staff Signature:	<input type="text"/>



Membership Type - Please select required membership type

	Adult	Family	Senior
1 Day	\$8 <input type="checkbox"/>	-	-
1 Month	\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$35 <input type="checkbox"/>
3 Months	\$125 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$90 <input type="checkbox"/>
12 Months	\$360 <input type="checkbox"/>	\$700 <input type="checkbox"/>	\$250 <input type="checkbox"/>

Consent to exercise

- Exercising is an essential part of maintaining a healthy lifestyle. Some people are however unable to participate fully due to illness or other medically restrictive reasons. It is therefore important that the following questions are answered fully and honestly to enable us to ensure that our members can exercise safely.
- Please ensure that you sign the declaration below.
- If you are under 18 a parent or guardian must also sign.
- If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf.

Physical Activity Readiness Questionnaire (PARQ)

	Yes	No
Have you, for any reason, been unable to exercise in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Has your physician ever advised you against exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any cardiac (heart) related illness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from respiratory difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from fainting, migranes or loss of balance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any bone, joint or muscle related disease?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any history of heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever experienced chest pain whilst exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have elevated cholesterol levels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration of consent to exercise

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in exercise at Unleashed Fitness.

Signature: Date:

The person making this application is under 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name: Relationship:

Signature: Date:

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Terms and conditions

- You must 'swipe in' with your assigned fob upon arrival. Members who do not have their fob will not be allowed into the facility during non-staffed hours. In the event that you lose your fob there will be a replacement fee of \$20 each time.
- Members are required to sign in at the front desk upon arrival.
- The gym is for the use of Unleashed members only, therefore guests are not allowed unless a day pass is purchased. Any persons who are not members are unauthorized to enter premises. Members may not allow anyone else to use their fob and must alert the gym immediately if lost or stolen.
- Member agrees to abide by all gym policies, follow the directions of the staff regarding safety and security issues and to treat staff and other members with courtesy.
- Member has access to free orientation to the facility and the proper use of equipment. It is the member's responsibility to request this orientation.
- During busy periods, please be conscious of the time you are spending at each machine.
- Unleashed hours of operation are between 6:00am and 11:00pm daily unless instructed otherwise by management,
- Membership fees are subject to change at anytime without notice.

For reasons of health and safety, members must adhere strictly to the following:

- Only beverage containers with caps/lids will be permitted.
- Members are required to wear appropriate clothing, shoes, shorts or pants and a top at all times. Flip flops or bare feet are not permitted.
- It is the member's responsibility to wipe down all equipment after each use and re-rack the weights they use.
- Each member is responsible for understanding how to operate equipment and it's features. If you are unsure how to operate a machine, you should obtain instructions from the staff.
- Cell phone use is not permitted in the gym area. Photography/videography are not permitted anywhere in the gym.
- Offensive language or behaviour will not be tolerated and may result in termination of membership. Clashing weights, excessive noises and mistreatment of equipment will not be tolerated and may also result in termination of membership.
- Drugs or alcohol are not permitted on these premises and if anyone is thought to be under the influence of alcohol or drugs will be ejected and their membership will be reviewed with possible termination.

Cancellation Policy

1) You may cancel your membership and receive a full refund within ten business days of signing the contract by providing written notice to the gym and returning your fob. If your fob is not returned, the gym will deduct the cost of the fob from your refund. 2) In the event of death or if you become totally and permanently disabled, you or your estate may cancel this contract by providing a written request and certificate of proof of disability or death. For permanent disability your doctor must provide certification of the disability and state that you are unable to participate in any fitness activities offered at Unleashed Fitness. Liability for fees will terminate as of the date of death or disability. Any prepaid membership amounts will be returned or suspended for future use at Unleashed. 3) Unleashed management reserves the right to cancel, suspend or exclude any member they deem not to be adhering to any of the above or who by their actions poses a health and safety risk to others. If any of the above occur, membership fees will not be returned to member and damages to equipment or premises will be the sole responsibility of the member responsible. 4) If the gym goes out of business, members are subject to refunds of remaining membership fees already paid. 5) If the gym becomes temporarily unavailable due to an event such as fire, flood, or other extreme circumstances, we will extend the Member's membership privileges for the period the facilities were unavailable.

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- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN. I acknowledge that this is an unsupervised fitness centre and I assume all risks associated with using exercise equipment and other products and machines exercising alone without the aid and presence of gym staff on premises.
- I HEREBY RELEASE, IDEMNIFY AND HOLD HARMLESS UNLEASHED FITNESS AND THE OWNERS OF UNLEASHED AND EMPLOYEES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE to persons or property that may arise out of or in connection with my use of the equipment, products and machines or the facilities of the gym, or any incident that occurs while using such facilities, or otherwise related to my membership.
- Should this agreement be placed in the hands of an attorney for the violation of any provision contained herein, the parties agree the gym shall be entitled to recover all costs and expenses resulting there from, including a reasonable amount as attorney's fees.
- By signing this document, I, fully understand it's terms and conditions and I understand that I have given up substantial rights by signing it, and sign freely and voluntarily. I hereby confirm that I am aware of and agree to the terms and conditions of this document and its entirety.

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in exercise at Unleashed Fitness.

Signature: Date:

The person making this application is under 18 or unable to sign themselves. Therefore I confirm that I will be taking responsibility for this person's declaration.

Name: Relationship:

Signature: Date:

How did you hear about us?

Friend/Family	<input type="checkbox"/>	Website/online search engine	<input type="checkbox"/>
Leaflet	<input type="checkbox"/>	Driving/walking past	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>		

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