

First Name: Surname: Gender:   M/F   D.O.B:                   \_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_ Contact number: \_\_\_

How did you hear about us?                                                                                                                       \_\_\_\_

Do you have any **health conditions, injuries or medication** that will affect your training or provide any risk of serious injury or death? If so please provide information in the space below:

Body Club 24hr Access Agreement:

I have agreed to purchase a membership at a facility that allows me access at any time. As such I’m aware during unstaffed hours, there will be no **supervision or assistance**. I am also aware that if I’m injured, become unconscious, suffer a stroke or heart attack, there will likely be no one to respond to this emergency and this facility has no duty to provide assistance to me. Body Club Fitness Centre highly recommends that I have a workout partner to accompany me at all times within the club. I understand that this is my choice. **Initial \_\_\_\_**

I understand that the club is under 24/7 video CCTV surveillance for security purposes only and hold no privacy claims against the club. **Initial \_\_\_\_**

I understand that my membership is strictly mine. I understand that if I bring non-members into the club during non-staffed hours, I may be fined $100 and or have my membership suspended until the fine is paid. **Initial \_\_\_\_**

Because physical exercise can be strenuous and subject to risk or injury, Body Club Fitness Centre urges you to obtain a physical examination from a doctor or specific health professional before using any exercise equipment or participating in exercise activity. I agree that if I engage in any physical exercise or activity, or use any club amenities on or off the premises including any sponsored club event, I do so entirely at my own risk. I agree that I am voluntarily participating in the use of this facility and assume all risks of injury. **Initial \_\_\_\_**

I acknowledge I have carefully read this ‘waiver and release’ and fully understand that it a **release of liability**. I agree to release and discharge, all employees, contractors, representatives or successors, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I might otherwise have to bring a legal action against the club for negligence or personal injury or property damage. **Initial \_\_\_\_**

Note: Should any part of this agreement be found by a court of law to be against the public policy or in violation of any statute or case precedence, then only that wording is removed and the remainder of this agreement will remain in full force. **Initial \_\_\_\_**

**All members under the age of 16 must have this form initialled and signed by a parent or guardian.**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parental Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Direct Debit Agreement:**

|  |
| --- |
| Total: |
| First Payment Date: |
| Weekly or Fortnightly |
| Minimum Term: 6 Months |
| Early Cancellation Fee: $50 |

*\*Cancellation Requires two weeks prior notice.* **Initial\_\_\_\_\_**

**Direct Debit Details – Bank Account:**

Name of financial Institution:

Account name

BSB Number: Account Number:

**Or: Debit/Credit Card**

**Please tick Visa or MasterCard**

* **Visa**
* **MasterCard**

Card Number: Expiry Date:

Name on Card:

**Signature** (customer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_