



WREST POINT HEALTH CLUB: MEMBERSHIP AGREEMENT

We take your health and safety very seriously and will always try our best to ensure that our health club is a safe place to visit. However, we also need you to agree to act responsibly and with care for other people while you are using our facilities.

PERSONAL INFORMATION

TITLE:	NAME:
DATE OF BIRTH. (DD/MM/YYYY)	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE:	
EMAIL:	
EMERGENCY CONTACT & MEDICAL WAIVER	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT NUMBER:	RELATIONSHIP:
GENERAL PRACTITIONER NAME/CLINIC:	
DO YOU HAVE ANY INJURIES THAT MAY PREVENT YOU FROM EXERCISING SAFELY AT OUR HEALTH CLUB?	Y N
DO YOU HAVE ANY MEDICAL ISSUES THAT MAY PREVENT YOU FROM EXERCISING SAFELY AT OUR HEALTH CLUB?	Y N

ADDITIONAL DISCLOSURES

<p>The activities members may choose to undertake at the Wrest Point Health Club may include strenuous and high intensity exercise. You should consider whether this style of exercise is suitable for you. All members should ask about equipment use if unsure of proper operation. Do not use equipment until you are sure of its proper functioning. All members should discuss their new exercise program with their General Practitioner.</p> <p>You should not visit the health club on days that you may have any type of infectious illness.</p> <p>You should ensure that the length of time you spend in the sauna is appropriate for your level of health and wellbeing. It is not appropriate or safe to fall asleep in the sauna, so please do not use this facility for extended periods on days when you are extremely tired and at risk of easily falling asleep.</p> <p>You should consider your level of water competency before entering the pool.</p> <p>I understand that I am solely responsible for any risks, injuries or damages, known or unknown which may incur as a result of participating in activities at Wrest Point Health Club. AGREED (please tick):</p> <p>I understand that it is my responsibility to consult my doctor prior to and regarding my participation in Wrest Point Health Club activities and any fitness programs. AGREED (please tick):</p>

MEMBERSHIP POLICIES

<ul style="list-style-type: none"> - Members are responsible for their own Access Card. Replacement cards may incur a fee. - Medical certificates are required to hold, postpone or cancel any membership. - Any violation of Membership Terms & Conditions may result in forfeiture of membership effectively immediately. - Members agree to learn and abide by the rules and policies set by the Wrest Point Health Club noting that these policies may be updated. <p>Healthy Training PTY LTD may wish to communicate with you via email and SMS. We will never sell or release your private information.</p> <p>I understand and agree to the terms and conditions of membership to the Wrest Point Health Club AGREED (please tick):</p> <p>I consent to being contacted via email and/or SMS Y N</p>
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We hope you really enjoy your membership with us and thank you again for choosing our facility to support you in your journey to better health.

I agree to the terms and conditions and wish to proceed as a member of the Wrest Point Health Club:	
Signature:	DATE:

