



MEMBER DETAILS | TERMS OF AGREEMENT | HEALTH QUESTIONNAIRE

MEMBER DETAILS:

FULL NAME: DATE OF BIRTH:

ADDRESS:

MOBILE: -EMAIL:

EMERGENCY CONTACT: NAME:

MEMBERSHIP DETAILS:

- Direct Debit** | Weekly | admin fee included (\$ 12.00) + fob \$10 payment 1st payment only
- Paid in Full Membership** | 3 Months | 6 Months | 12 Months (\$)
- Casual Visit Pass** | 10VP | 20VP (\$) **Other** | \$
- FITNESS PASSPORT** _____ Initials (signature):

MEMBERSHIP TERMS AND AGREEMENT

- I am aware that Paid in full memberships and visits passes are **NON-REFUNDABLE AND NON-TRANSFERABLE.**
- Suspensions may be granted for illness, injury, or extended absence; the facility may request proof of travel of a valid doctor’s certificate in such circumstances. All suspension periods will be added to the minimum term of your contract to ensure the full contractual term is completed. A weekly \$1.50 administrative fee will apply while the contract is suspended.
- Suspensions and cancellations must be processed directly through the facility. The relevant suspension or cancellation form must be submitted at the facility with at least 14-day notice to enable adequate time to be processed. MHF does not take responsibility for any suspension or cancellations not processed if the appropriate paperwork has not been completed by the member and submitted to the facility. Suspensions and cancellations cannot be back dated.
- Termination of your contract within a minimum term will attract a termination fee.
- MHF will not take responsibility for cancellations or suspensions via phone email or social media/No refunds**
- I acknowledge that I use Merimbula Health & Fitness and its services at my own risk and will not hold the club or its staff liable for any injury or loss as a result of my participation in a program or activity.
- I warrant that I am physically fit and able to engage in the exercise.
- These Terms of agreement are displayed within the gym for reference.

Do you give permission for Merimbula Health and Fitness to use your image or any written testimonials in our advertising materials and/or social media? Y / N I acknowledge and understand the terms and agreements.

MEMBERS Signature _____ Parent / Guardian name (if under 18)

STAFF Signature _____ Date: _____

Is there family history of heart disease, stroke, raised cholesterol or sudden death? Y / N

Have you spent time in hospital (Inc. day admission) for any medical condition / illness / injury during the last 12 months? Y / N (Please Specify)

Are you currently taking a prescribed medication(s) for any medical condition(s)? Y / N

1: Do you have, or have had:

- Heart Disease/Condition (Please Specify)
- High Blood Pressure Have you been hospitalised recently? Y/N
- High Cholesterol
- Diabetes, **please circle** Type 1 or Type 2
- Lung Disorder (e.g. Asthma, emphysema)
- Dizziness / Fainting
- Palpitations / Pain in the chest
- Arthritis
- Epilepsy
- Hernia
- Gout
- Glandular Fever / Rheumatic Fever
- Stomach or Duodenal Ulcer
- Liver or Kidney Condition
- Pregnant or given birth within the last 12 months, If yes provide details. I am pregnant or postnatal
- Do you suffer any back pain? Y/N
- Do you suffer any joint pain? Y/N

Are you a smoker or have you quit in the last 6 months? If currently smoking, how many per day? Regularly?

Y/N.....

1. Do you have any musculoskeletal problems that may affect your ability to train? Y / N

If yes, please explain:

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2. Do you have any other conditions or injuries that may affect your ability to train? Y / N

If yes, please explain:

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If you circled **YES** to any condition above, please take this form to your doctor and ask for a written medical clearance to exercise prior to commencement, or sign below if the condition had already been cleared by your doctor.

Signature Date

Merimbula Health & Fitness strongly recommends that you consult your doctor and obtain medical clearance prior to commencing any exercise program; as a certain level of risk is inherited in any exercise program. Any information, instruction or advice obtained from Merimbula Health & Fitness staff may not be substituted for your doctor's advice or treatment, and that any instruction or advice is obtained at your own risk. You agree to release and discharge Merimbula Health & Fitness and its staff from any and all responsibilities or liabilities from injury or illness arising from your participation in any activity undertaken at Merimbula Health & Fitness or upon our advice.

I believe that to the best of my knowledge, all of the information I have supplied within this screening is correct.

Signature Date