

DIRECT DEBIT REQUEST

Request and authority to debit the account named below to pay Pure Fitness Korumburra, 100 Victoria Street
Korumburra 3950, 0476 385 723



ACCOUNT DETAILS

Surname: Given Name:

DOB: Mobile:

Address:

Suburb: State: Postcode:

Email Address:

DIRECT DEBIT ARRANGEMENT: (Select)

- | | |
|--|--|
| <input type="checkbox"/> Gym Use Only (\$25 – 12 weeks) | <input type="checkbox"/> Gym Use Only (\$19.95 - 12 months) |
| <input type="checkbox"/> Unlimited Gym Use + Classes (\$30 – 12 weeks) | <input type="checkbox"/> Unlimited Gym Use + Classes (\$23.95 - 12 months) |
| <input type="checkbox"/> U18 Membership (Unlimited Gym Use & Classes \$20) | <input type="checkbox"/> Gym Use Only (\$16.95- 24 months) |
| <input type="checkbox"/> 24/7 Access Key (\$50 Once Off Deposit/18+ Only) | <input type="checkbox"/> Unlimited Gym Use + Classes (\$21.95 - 24 months) |

Total Debit Amount: \$ Starting Date: ____ / ____ / ____

CHOOSE YOUR PAYMENT METHOD: (Select One)

- | | |
|---|--|
| <input type="checkbox"/> Debit from Credit Card | <input type="checkbox"/> Debit from Bank Account |
| CARD NAME: | ACCT NAME: |
| CARD NO: | ACCT NO: |
| EXPIRY: | BSB: |
| CVV: | BANK: |

I/We authorise user Id 428557 to debit the amount above from my/our nominated account above through the Hulk Electronic Clearing System (BECS) in accordance to the payment details above and as per the Direct Debit Request Service Agreement.

Member Signature:

Date:

If under 18, parent guardian signature:

Date:

DIRECT DEBIT REQUEST SERVICE AGREEMENT

1. I, hereby request and authorise Pure Fitness Korumburra to debit my nominated bank account/credit card for the amount specified in the Direct Debit Request.
2. I should check with my financial institution whether direct debiting is available for my account, as direct debiting is not available on all accounts by financial institutions.
3. If my direct debit is for a bank account and falls on a day which is not a business day, then Pure Fitness Korumburra will direct my financial institution to debit my account on the next business day.
4. If I wish to change or stop this direct debit, I may do so by applying in writing, provided the terms of the Membership Agreement with Pure Fitness Korumburra have been fulfilled.
5. I am responsible to inform Pure Fitness Korumburra of any changes to the details I have provided in the Direct Debit Request.
6. It is my responsibility to ensure cleared funds are available in my nominated bank account/credit card to meet the direct debit payment. If a debit is unsuccessful, I acknowledge that I will be responsible for payment of the debt plus a \$10.00 dishonour fee incurred by Pure Fitness Korumburra and any other fees charged by my financial institution. This will automatically be debited on my next payment.
7. I should check my account statement to verify that the amounts debited from my account are correct. All enquiries in relation to a dispute must be directed to Pure Fitness Korumburra via email (info@purefitnesskorumburra.com) or my financial institution.
8. I understand that Pure Fitness Korumburra will keep any information in the Direct Debit Request confidential. Pure Fitness Korumburra will make reasonable efforts to keep my information secure, and to ensure that anyone who has access to it does not make any unauthorised use, modification, reproduction or disclosure of that information. Pure Fitness Korumburra will only disclose my information to the extent specifically required by law or for the purposes of this agreement.
9. Pure Fitness Korumburra may provide my details to a third party debt collection agency in order to pursue collection of outstanding funds.
10. Pure Fitness Korumburra may vary any details of this agreement or the Direct Debit Request at any time by giving me at least 14 days written notice.
11. Pure Fitness Korumburra will communicate any matter relating to the Direct Debit Request via sms, email, phone or mail to the contact details I have provided.
12. The minimum term of membership is **12 weeks**, started from first payment date and will continue to roll over after that date, unless instructed otherwise. Please note we require **2 weeks notice** prior to cancellation. For injuries, or other extenuating circumstances, the membership can be paused or suspended for a short period of time once discussed with a Pure Fitness Staff Member. Suspensions are at the sole discretion of a Pure Fitness Staff Member. In the case of injury, we will work around your current injury unless specified explicitly by a specialist. Suspended time is added onto the end of the client's contract. If a client wishes to terminate their contract early, for reasons other than permanent injury/illness (preventing the member from **any** physical activity) or relocation of more than 30km, there will be a \$100 cancellation fee applied instead of the client's next scheduled direct debit and the contract is considered terminated after the cancellation fee has been paid. Prices are subject to change and clients will be given notice in writing if any pricing is about to change.
13. **Memberships for 12 and 24 months are locked in contracts and cannot be paused during this time.** For injuries, or other extenuating circumstances, the membership can be paused or suspended for a short period of time once discussed with a Pure Fitness Staff Member. Suspensions are at the sole discretion of a Pure Fitness Staff Member. In the case of injury, we will work around your current injury unless specified explicitly by a specialist. Suspended time is added onto the end of the client's contract. If a client wishes to terminate their contract early, for reasons other than permanent injury/illness (preventing the member from **any** physical activity) or relocation of more than 30km, you will required to pay the remainder of your contract and the contract is considered terminated after the remaining amount has been paid. Prices are subject to change and clients will be given notice in writing if any pricing is about to change.



MEDICAL CLEARANCE

We understand this information is personal and you have our assurance all information provided will be kept confidential.

- Have you or a blood relative (under 55) suffered from heart disease, stroke, elevated cholesterol? Y N
- Do you have high blood pressure? Y N
- Are you a smoker? Y N
- Do you suffer from high cholesterol? Y N
- Do you have or have you suffered from diabetes? Y N (TYPE 1 / TYPE 2)
- Are you currently on prescribed medication? Y N
- If yes, will this affect your exercise program? Y N
- Are you pregnant or have you given birth in the last 6-weeks? Y N
- Have you had any major injuries involving Neck/Hips/Back/Knees/Shoulders/Ankles? (please circle) Y N
- Please list any recent operations that may affect your exercise program.

-
- Do you have or have you suffered from Epilepsy, Arthritis, Hernia, Asthma, Dizziness/Fainting? (please circle) Y N
 - Other: _____

Emergency Contact (name & mobile) _____

I hereby agree that all the information on this form is accurate to the best of my knowledge. If it changes during the course of my membership, I will consult a Pure Fitness Korumburra staff member and fill in this form again. I understand that my participation in this program is voluntary and that I can stop exercising at any time, particularly if I feel pain or discomfort.

Signed: _____ Date: ____/____/____

Social Media Authorisation

Pure Fitness Korumburra may capture photos/videos of you to be used in a variety of media. Please select below if you approve to have your photo used on PFK media outlets.	
YES I approve	NO Please don't use my photo

Pure Fitness Korumburra - TERMS & CONDITIONS

Please inform us about anything that affects your membership or your time at Pure Fitness Korumburra including any changes to your contact details, bank details or emergency contact or any injuries. Sole responsibility is taken whilst using any equipment within the Pure Fitness facilities. Please ensure all equipment is used correctly as Pure Fitness will not be held liable in the event of injury. If you require help with operating any equipment, please ask one of the Pure Fitness staff members.

Children can accompany adults for gym use and any classes as long as they are able to be seated in the specific area for children or be left in a pram. Children are NOT permitted to be on the gym floor near any equipment of classes for the safety of both children and our members.

Please sanitise upon entering. All members must wipe down equipment with disinfectant provided after use. Ensure and maintain good hygiene out of respect for yourself and others. Be respectful to other members using the gym at all times. Always behave appropriately. We provide shelves but these are not security lockers. We cannot accept responsibility for any loss or damage to your belongings while you are at the gym.

PFK have created a safe and motivating environment for Members use. Therefore, PFK reserve the right to cancel your membership without warning if you are seen damaging equipment, behaving inappropriately or any of the above statements are not adhered to and any damages shall be charged to the client.

In consideration of permission to use, the property, facilities, and services of Pure Fitness Korumburra and to participate in weight training, cardiovascular training, and other physical activities, the client, on behalf of himself or herself, does hereby release, waive, and discharge Pure Fitness Korumburra, their employees and independent contractors (collectively, the "Released Parties") from liability from any and all claims arising from Client's own negligence, the negligence of others, or the Released Parties' negligence originating from Client's participation in this program. This Agreement applies to: 1) personal injury (including death) from accidents or illnesses arising from the participation in physical activities including, but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment; and 2) any and all claims resulting from the damage to, loss of, or theft of property. Client certifies that he or she knows of no medical problem that would increase his or her risk of illness and injury as a result of participating in a physical training program. Client understands that he or she has been advised to consult a physician prior to commencement of a physical training program to ensure his or her state of wellness to participate in such activities.

For our staffed hours please be aware that the gym may not always be staffed by a personal trainer. There will always be a staff member on site who is trained in first aid during staffed hours but if you require assistance from a personal trainer, it is best to book or check beforehand.

For 24/7 access please be aware that the gym will not always be staffed. You are required to follow the 24/7 waiver you have signed and take all necessary safety precautions.

Init: _____ Date: __/__/____