Gym Waiver and Membership Agreement

Health screening, assumption of risk and waiver for new gym members and casual visitors.

ORGANISATION

DATE

Member details

FULL NAME

DATE OF BIRTH

START DATE

ADDRESS

POSTCODE

MOBILE

EMAIL

MEMBERSHIP TYPE

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE

Pre-exercise health screening

Answer honestly. A yes does not stop you training, but it may mean we ask for medical clearance first.

Has a doctor ever said you have a heart condition or high blood pressure?

- [ ] Yes
- [ ] No

Do you feel pain in your chest at rest, during daily activity, or during exercise?

- [ ] Yes
- [ ] No

Do you lose balance from dizziness, or have you lost consciousness in the last 12 months?

- [ ] Yes
- [ ] No

Do you have a bone, joint or soft tissue problem that could be made worse by exercise?

- [ ] Yes
- [ ] No

Are you currently taking prescribed medication for a chronic condition?

- [ ] Yes
- [ ] No

Are you pregnant, or have you given birth in the last 12 months?

- [ ] Yes
- [ ] No

Is there any other reason you should not do physical activity?

- [ ] Yes
- [ ] No

DETAILS FOR ANY QUESTION ANSWERED YES

MEDICAL CLEARANCE REQUIRED

CLEARANCE RECEIVED ON

REVIEWED BY STAFF MEMBER

Assumption of risk and waiver

- [ ] I understand that exercise carries inherent risks including injury and, in rare cases, serious harm
- [ ] I confirm the health information above is accurate and I will notify the gym of any change
- [ ] I have been shown how to use the equipment safely, or I have declined that induction
- [ ] I agree to follow the gym rules, staff instructions and posted safety notices
- [ ] I take responsibility for exercising within my own limits and stopping if I feel unwell
- [ ] I understand personal belongings are left at my own risk
- [ ] To the extent permitted by law, I release the operator from liability for loss or injury arising from my use of the facilities

Membership terms acknowledged

- [ ] Minimum term and notice period
- [ ] Cancellation and suspension policy
- [ ] Access hours and staffed hours
- [ ] Payment method and billing dates
- [ ] Fee changes and how notice is given
- [ ] Guest and casual visitor policy

I have read and understood this agreement, and I have had the opportunity to ask questions before signing.

MEMBER SIGNATURE _____ PRINT NAME _____ DATE _____

If the member is under 18

I am the parent or legal guardian of the member named above. I have read this agreement, consent to their participation, and accept its terms on their behalf.

GUARDIAN SIGNATURE _____ PRINT NAME _____ DATE _____