

# Kingborough Fitness Centre Membership Agreement

Current Member  YES  NO Member Number

Change in your health status since last renewal?  YES (PARQ Req.)  No

## Member Details

First Name  Surname

Date of Birth

Address

Suburb  Postcode

Email

Mobile  Telephone

Emergency Contact  Relationship

Emerg. Telephone  Emerg. Mobile

## Corporate/Concession/Student/Pensioner/Senior

The Kingborough Fitness Centre provides discounts for members who are concession, student, pension, or senior card holders.

Concession/Student/Pensioner/Senior Card Holder  School/Corporate

## Membership Package

	Area Access			Direct Debit	Payment Method		
	Weights	Cardio	Group Fitness		12 mth	6 mth	3mth
Group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength & Conditioning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Day Trial*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Single Payment <input type="checkbox"/>		

## Pay As You Go (PAYG)

5 Visit Pass

10 Visit Pass

20 Visit Pass

## Joining Fee

When joining there is an initial joining fee. This fee is non-refundable, even if you cancel during your cooling off period.

Membership \$90 (incl. Assessment and Program Design with a PT)

Family Membership \$119 (incl. Assessment and Program Design with a PT)

## Office Use Only

Upfront Sale Amount		Direct Debit (if Applicable)	
Upfront	\$ <input type="text"/>	Fortnightly Direct Debit Amount	\$ <input type="text"/>
Joining Fee	\$ <input type="text"/>	Membership Join Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Total Payable</b>	\$ <input type="text"/>	Staff Member	<input type="text"/>

\* Only available to new members who have not previously been member of the Kingborough Fitness Centre.

PTO

## Membership Terms and Conditions

By signing this Membership Agreement you are agreeing that you have sighted, read and understood and will abide by the following Kingborough Fitness Centre policies.

Terms and Conditions	<input type="checkbox"/>
Privacy Policy	<input type="checkbox"/>
Fitness Centre Rules	<input type="checkbox"/>

Direct debit Group Membership and Family Membership have a minimum term of three (3) months.

Direct debit Select and Choice Membership Packages have a minimum term of six (6) months.

Please note, if you are over the age of 55 years, or identified risk factors from our Adult Pre-Exercise Screening Tool it is a requirement of the Kingborough Fitness Centre that you provide a Doctor's Certificate of your ability to participate in a health and fitness exercise program.

This is an important document, which affects your legal rights and obligations. Please read it carefully and do not sign it unless you understand it. If you have any questions please ask.

### Acknowledgement of Risks, Injury and Obligations

I acknowledge that the activities I am to undertake have potential dangers and by participating in them I am exposed to certain risks.

I assume the risk of, and the responsibility for any injury, illness, loss of life or property resulting from my participation in any activities.

### Release and Indemnity to the Kingborough Fitness Centre (Kingborough Council)

In consideration of the acceptance of my payment (or guest status) for participating in any activity (and except to the extent that the centre may be precluded by statute) I agree to release and indemnify the Kingborough Council and the Kingborough Fitness Centre operator and staff as follows:

- I participate in the activities at my sole risk and responsibility.
- I release, indemnify and hold harmless the Kingborough Council and the Kingborough Fitness Centre operator, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of arising out of any injury, loss, damage or loss of life caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

I also agree that in the event that I am injured or my property is lost or damaged, I will bring no claim, legal or otherwise, against the Kingborough Council and the Kingborough Fitness Centre operator or its servants and agents, in respect of that injury, loss or damage.

Before signing this document I have read and understand it and know how it affects my legal rights.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

### WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

I, \_\_\_\_\_ being a parent or legal guardian of the person named in this (print name)

Acknowledgement and Release hereby acknowledge and agree:

- I have read the whole document and understand it.
- I consent to the person, named in this Acknowledgement and Release, participating in the activity and
- I am aware of the risks, dangers and obligations set out above in this acknowledgement and release.

In consideration of the person named in this Acknowledgement and Release being accepted to participate in any activity I agree to release and indemnify the Kingborough Council and the Kingborough Fitness Centre operator, its servants and agents, in the same manner and to the same effect and extent as if I were the person first named in this Acknowledgement and Release and the person participating in any of the activities.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

<b>Par Q Completed</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<b>Assessment Booked</b>	<input type="checkbox"/>	YES	/	/	<input type="checkbox"/>	NO
<b>Medical Certificate Required</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<b>Medical Certificate Sighted</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
<b>Membership Card Provided</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<b>Entered on Database</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
<b>Direct Debit Form Completed</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<b>Sale Receipt Number</b>	_____					