

**Personal Details**

First Name:..... Surname:..... Date:.....  
 DOB:..... Address:..... Suburb:.....  
 Postcode:..... Mobile:..... Email:.....  
 Emergency Contact Name:..... Relation:..... & No.....  
 How did you hear about us?.....  
 Who's a friend you'd like to refer to us? Name:..... & No.....

**Health Screen**

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, your complete and honest responses to the following questions are essential

Please tick YES or NO.

YES	NO	
		Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		Do you have kidney disease, stroke, epilepsy or arthritis?
		Have you had a stroke?
		Has your doctor said you have heart or vascular disease?
		Do you have pulmonary disease or cystic fibrosis?
		Are you pregnant or trying to conceive?
		Do you experience unreasonable breathlessness?
		Do you take prescription medications?
		Do you take heart medication?
		Do you have blood pressure over 140/90?
		Do you take blood pressure medication?
		Do you have a family history of heart attack?
		Do you have cholesterol more than 240mg/dl?

If you answered YES to one or more questions:  
 Talk with your doctor by phone or in person BEFORE you start becoming much more physically active, Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want -as long as you start slowly and build up gradually or, you may need to restrict your activities to those which are safe for you. Talk with your doctor and follow the advice you are given.

If you answered NO to all questions:

You can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. A fitness assessment which we will conduct is important to help us assess your current fitness level.

**Rules & Regulations:**

1. Be there **5 mins SHARP prior to session commencing**. This way there will be no problems with class formats set by instructor and you won't be missing out on team warm ups (very important)! Punishments to group will be given to all arrivals over 1 minute late.
2. Photo's/videos could be taken during class and may/may not be uploaded to 'GYMVT' social media pages. You are entering into this agreement in connection with photographs and/or video footage taken during challenge, and have been informed and understand that 'GYMVT' may use your name, likeness, image, voice, signature, and/or appearance, without limitation, media publicity; website features; magazine articles; video press kits; supplemental materials .
3. If you are over 10 mins late to a session you will not be permitted to join in for the same reasons as rule 1 plus more importantly you are at higher risk of injury without the group warm up.
4. If you are holding any sort of injury, the trainer will do their best to accommodate you, do your best to give notice on injuries that you are aware of.
5. Please drink before, during and post class to stay hydrated, you should be drinking 1 litre per 25kg of body weight, plus an additional 1 litre per hour of exercise. And EAT at least before or after class to stay fuelled for your day.
6. If you have dizzy spells, feel sick or in general not feeling 100%, tell the trainer immediately without hesitation

**Terms & Conditions:**

**Suspension:** Member requesting suspension must email a clear photo of their form to [info@gymvt.com](mailto:info@gymvt.com) 14 DAY'S prior to requested date. This form can be found on our website. Please note there is a **minimum 14-day** suspension and **maximum 4-week** suspension period.

**Cancellation:** Member requesting cancellation must email a clear photo of their form to [info@gymvt.com](mailto:info@gymvt.com) 28 DAY'S prior to requested date. This form can be found on our website.

There is a **minimum 26-week active membership period** after joining & there are **no suspension/cancellation fees** after this period. You may suspend or cancel your membership whenever you like given suspension/cancellation form is filled out correctly & above T&C's are followed. Joining fees will apply again if you cancel your membership & wish to re-join in the future. There is a no refund policy on un used gym membership, advanced payments/deposits, or if you were late to hand in a suspension/cancellation request form.

**Promotions/Trials:** GYMVT Membership will commence the day after your promotion/trial comes to an end (if you decide to join). Above terms & conditions will apply. An Email outlining terms & conditions above will be sent to you as a reminder prior to joining.

**Personal Training:** You must give 24 HOURS' notice (to your trainer) to reschedule a PT session & 14 DAY'S notice (to your trainer) to cancel a PT session. Each session is a 30-minute appointment which may be followed by another client. You are asked to be on time for your session as it will conclude at the scheduled time even if you are late. If you are more than 15 minutes late, this is considered a cancellation.

**Agreement for participating in Personal Strength, Fitness and Conditioning Training:**

**Please read this section completely. This is a legal document and affects your rights.**

The "Trainer" refers to the Australian registered business, *GYMVT Pty Ltd*.

The "Activity" refers to participation in personal strength, fitness and conditioning training and general advices at the gym, offsite from the gym, at home and/or from any training programs.

I, \_\_\_\_\_, whose signature appears below, acknowledge that is a condition of participating in this activity that I do so at my own risk.

I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly or indirectly associated with the trainer, against all liability (including liability for their negligence and negligence of others) claims, demands, and proceedings arising out or connected with my participation in this activity.

This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns.

I acknowledge that participating in this activity may involve risk or serious injury or even death from various causes, including over exertion, dehydration, equipment failure and accidents with equipment and surroundings.

I recognise the difficulties associated with the activity and attest that I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.

I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity my trainer will be immediately informed. By continuing to participate in the activity, I accept the risks despite these conditions and am still, and always will be under the terms of this agreement. If in the unlikely case an ambulance is called for me, I accept that am liable to cover any medical bills that may occur to me afterwards.

I certify that I am 18 years or older and have read this document and fully understand it

OR

As a parent/guardian of the participant/s I (a) agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to.

**\*I AM ALSO 100% LIABLE FOR ANY INJURY OR HARM CAUSED TO MY BABY/CHILD BEFORE, DURING, OR AFTER FITNESS CLASSES OR PT AT GYMVT\***

Signature:\_\_\_\_\_ (Parent/guardian to sign if under 18 years of age)

Full name (print):\_\_\_\_\_ Date:\_\_\_\_\_

'God gives every bird their worm, but he does not throw it into their nest...'

DISCIPLINE > MOTIVATION