

Membership Agreement



CONTACT INFORMATION

Given name:			
Surname:			
Address:			
	Suburb:	Post code:	
Contact numbers:	Home:	Work:	
	Mobile:		
Email:			
Gender:	☐ Male	☐ Female	Date of birth:
Fitness Passport number:	(This is the credentials that have just numbers please)		
Emergency:	Contact name:	Contact number:	

WHERE DID YOU HEAR ABOUT US?

Source:		Referred by:	
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REASON FOR JOINING

☐ Weight management	☐ Fitness
☐ Injury rehabilitation	☐ General well-being
☐ Other	☐ Body shape change
☐ Reduce stress	
Please specify:	

MEMBERSHIP

Membership type:		Option to hold current membership price:	☐ Yes	☐ No
Effective date:		Price to lock in current rate:		
Joining fee:		Minimum membership term:		

MEMBER NUMBER:	
Completed by:	
Entered:	

The membership set out in this agreement is between the member (identified on the front of this agreement) and LIFT GYM situated on the premises stated above. LIFT GYM is the trading name of Josemac Pty Ltd - ABN: 58 141 769 093

LiFT GYM MEMBERSHIP TERMS & CONDITIONS

Josemac PTY LTD ABN 58 141 769 093

DEFINITIONS

"Us" or "We" or "Our" means LiFT GYM, its staff, directors, officers or agents. "You" or "Your" means the member.

MEMBERSHIP TERMS

1. We reserve the right to change any of our terms and conditions of membership, hours of operation, membership fees, charges and services.
2. You agree to be bound by these terms and conditions, and any other "House Rules" we may put in place from time to time. You acknowledge that a breach of any term or condition or rule by you may result in the cancellation of your membership, and in this regard any such cancellation will be subject to our discretion.
3. Your membership is not transferable and is only to be used by the registered member whose name is noted on the membership card. Any misuse of the membership will result in membership cancellation.
4. You acknowledge that if you act in such a way that constitutes a breach of the House Rules which in our view is offensive to us, other members, visitors or staff or represents a health and safety danger, we reserve the right to cancel your membership.
5. You acknowledge that if we cancel your membership as a result of clause 3 or 4, any membership fees you have paid will not be refunded.
6. You agree to the payment terms of your specific membership based on the fortnightly payment either by credit card or direct debit billing agreement (as chosen).
7. You acknowledge and agree to inform us of any change in your contact details, bank account details, or any other information relevant to your membership.
8. Entry to our club will not be permitted without proof of a valid and current membership card. Lost or damaged membership cards must be reported to us for replacement and a fee may be charged for the replacement of a card.
9. Individual membership may be frozen upon written application by you for a maximum of two consecutive weeks annually. and in medical, business relocation or pregnancy grounds thereafter up to a maximum of 8 weeks. Any written application for a membership freeze must be accompanied by official documentation, e.g. doctor's certificate (medical or pregnancy) or employer's letter at the time that the application is made, and must state the period of time you will be unable to attend. Other reasons may be considered at our discretion.

FITNESS EQUIPMENT

10. You and your visitors are responsible for ensuring you operate any club facilities or equipment correctly. If there is any doubt as to the correct operation or use of any facilities or equipment, you must consult a staff member for assistance/advice.
11. All children under the age of 14 years are not permitted inside our club.
12. All members or their visitors under the age of 16 years must be supervised by an adult when using fitness equipment or club facilities.
13. You must wipe down machines and equipment after use and ensure you exercise high standards of personal hygiene during your use of the equipment and whilst present at our club, i.e. sharing and cleaning equipment used.
14. All members must show patience and understanding with other members whilst using LiFT gym equipment.
15. You and your visitors must ensure you dress appropriately at all times inside the club, i.e. must wear shirts and enclosed sports shoes.

HEALTH AND SAFETY

16. Smoking is strictly prohibited on or directly outside our club and the premises.
17. Whilst using the equipment and facilities, you acknowledge that you are responsible for your own health and safety – including correct use of all equipment and facilities.
18. No pets are permitted to be brought onto the premises except Coco.

PHYSICAL CONDITION

19. You and your visitors are required to inform staff of any medical condition which may affect your use of the club, its equipment or facilities prior to commencing any physical activity.
20. You warrant that you have no pre-existing medical condition that would otherwise prevent you from using the facilities, equipment or participating in any of our programs.
21. You acknowledge that you have disclosed your current physical and mental state in accordance with any fitness questionnaire we may request you complete so that your use of the equipment and experience at our club can be appropriately modified. If in doubt you should obtain medical advice prior to commencing use of our facilities.
22. You agree not to use any equipment, facilities or participate in any activities at our club whilst knowingly suffering from any infections, disease or illness, or whilst suffering from any physical ailment where there is a risk to other members and staff.

LOST PROPERTY

23. All lost property is kept at the front desk for a period of 2 weeks before being disposed off by staff.
24. Lockers are provided for use ONLY while the member is training in the club, and are used at the members risk. While all care is taken, LiFT GYM will not be held liable for any loss, damage or theft of belongings placed in lockers or brought on the premises. If a locker code is forgotten or the locker number cannot be remembered belongings cannot be retrieved until the close of the LiFT GYM on the same day. All lockers are emptied every night and anything left inside will be kept for 14 days and then given to charity.

ASSUMPTION OF RISK AND INDEMNITY

25. You acknowledge that your use of LiFT GYM premises, the equipment, our facilities or your participation in any programs we conduct may involve risk and you expressly agree to accept such risk.
26. You warrant to us that you are physically able to participate in any programs we offer to members or any equipment you wish to use, and that you have not been advised otherwise by your medical practitioner.
27. You further acknowledge that there may be risks involved in your participation in or use of any of our equipment or facilities that are not known to you or to us or may be unforeseen or not reasonably foreseeable at the time of using our facilities.
28. You agree to assume the above-mentioned risks including the risk of any negligence on our part or our respective owners, directors, officers, employees or agents, and accept personal responsibility for any injury (including but not limited to personal injury and disability), illness, damage, loss, claim, liability or expense of any kind or nature, that you may suffer or cause to be suffered out of or in any way connected with your use of our club, the equipment, our facilities or programs.
29. In consideration of the grant of membership to you, you hereby agree to release and forever discharge us to the fullest extent permitted by law, from any and all actions, claims, suits, proceedings, demands, losses, damages, penalties, fines costs and expenses which may arise or that you may have incurred or in any way connected with your membership or your use of the facilities, the premises, our equipment or any programs we offer.

PAYMENT TERMS

30. Upon becoming a member and in addition to your membership fee, you may be required to pay a joining fee.
31. Your membership fee may be paid by cash, credit card or direct debit into our nominated account. Credit card payment fees may incur a credit card processing fee. We may suspend your use of or entry to our premises if any membership fees or any payments or debts owing by you remain outstanding for more than 7 days. If payment is not received after our written request, we may cancel your membership and engage the services of a debt collector with respect of any outstanding debts.
33. All membership fees and charges are subject to clause 1 of these terms and conditions.
34. Your membership will continue to run until you provide 14 days written notice of your intention to cancel. Membership fees will remain payable and will continue to be debited (if you have set up a direct debit) until the membership is cancelled.

CANCELLATION

35. You agree and acknowledge that we may cancel your membership at any time, if you do not adhere to the terms and conditions of this agreement or your behavior is deemed unacceptable at our sole discretion.
36. Subject to anything else to the contrary, the cancellation of your minimum membership at your election is only permitted upon the payment of an early departure fee.
37. It is against club policy to train another member unless you are an authorized LiFT GYM Coach. Your membership can be **canceled** if this occurs.

38. **LiFT GYM HAVE A VERY SIMPLE CANCELLATION POLICY, WE REQUIRE A PERIOD OF TWO WEEKS WRITTEN EMAIL: FRONTDESK@LIFTGYM.COM.AU**

DAMAGE TO PROPERTY

39. In the event you cause damage to any equipment or facility we provide, or any of our property at our premises, you agree to be held liable for the cost of rectifying the damage.

PRIVACY

40. You authorize us to obtain and use your personal information for our internal, administrative purpose ONLY.

I hereby state that I have read, understood and agree to the above conditions.

Signature

Date

Pre-activity Fitness Questionnaire

PERSONAL DETAILS

Please complete the following questionnaire before participating in any physical activity. We recommend that anyone engaging in a new fitness program consult their doctor before doing so.

All information will be treated as confidential and will be collected, used and retained to assess your general health and wellbeing. We may require you to obtain a medical certificate before we consider your application further.

Member number:			
Status:	☐ Member	☐ Member guest	☐ Casual visitor
Details:	Full name:		
	Contact number:	Date of birth:	
Emergency:	Contact name:	Contact number:	

QUESTIONNAIRE

Please read the following carefully. If you do not understand it or have any other questions about this form, please ask a member of LIFT GYM staff before you sign.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? | ☐ Yes | ☐ No |
| 2. Do you have any chest pain brought on by physical activity? | ☐ Yes | ☐ No |
| 3. Have you developed chest pain in the last month? | ☐ Yes | ☐ No |
| 4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness? | ☐ Yes | ☐ No |
| 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | ☐ Yes | ☐ No |
| 6. Has a doctor ever recommended medication for your blood pressure or a heart condition? | ☐ Yes | ☐ No |
| 7. Are you aware, through your own experience or a doctor's advice, of any physical reason that would prohibit you from exercising without medical supervision? | ☐ Yes | ☐ No |
| 8. Are you currently pregnant or have given birth in the last 8 weeks? | ☐ Yes | ☐ No |
| 9. Please give details of any other permanent medical condition you may have that may affect your ability to exercise or use this club safely. (A medical clearance from your treating practitioner may be required). | | |

CONDITIONS

I hereby state that I have read, understood and answered honestly the questions and that any statements made by me in answering the Pre-Activity Fitness Questionnaire are true and accurate. I also state that I wish to participate in activities which may include gymnasium exercise (aerobic and resistance). I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise given my knowledge of my health and taking into account any medical advice I have received.

I understand and agree that LIFT GYM may reject my application to use the club as a result of information provided in this questionnaire, any medical certificate I provide or if LIFT GYM has reasonable grounds for believing that engaging in physical activity may be harmful to my health or safety.

LIFT GYM may retain this Pre-Activity Fitness Questionnaire and the information contained in it for a reasonable length of time for the sole purposes of maintaining complete records of pre-activity applications, verifying previous health/medical history and for assessing any future application for membership by you.

You have the right to access the personal information we have collected about you and it is your responsibility to update this information if it is no longer accurate. To do so, please contact LIFT GYM on 02 9358 4484 or by visiting the LIFT GYM.

Signature	Date
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Legal guardian/parent signature (if under 16 yrs of age)	Date
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On behalf of LIFT GYM

Personnal Training Client Q & A



1. Name:

2. Contact Number:

3. What's your training background:

4. If training at present, what type of training regimen are you on?

5. Have you ever trained with a trainer before?

6. Are you a member of LIFT GYM? Have you filled in a pre-fitness questionnaire, so as to provide a medical background?

7. Have you any areas in which you are susceptible to repetitive strain injuries (RSI)?

8. Are you recovering from any injuries or surgery at this moment? (if yes, please detail)to repetitive strain injuries (RSI)?

9. What goals you are looking to achieve from your time and investment with a LIFT GYM trainer?, so as to provide a medical background?

☐ Basic induction/program

☐ Get fitter (improve cardiovascular system)

☐ Tone up

☐ Lose weight/body fat; if so, how much?

☐ Get bigger/stronger with weight training

☐ Other (please explain below):

10. How many days per week would you like your training with a PT to be split over? [i.e. twice a week, 4 sessions a week]