

ALL PERSONS WISHING TO ENTER HEALTHGLO MUST  
COMPLETE THIS FORM BEFORE ENTRY IS PERMITTED



## Facility use Agreement

### PERSONAL DETAILS

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
SPOUSES NAME (If Applicable) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### QUESTIONNAIRE

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Healthglo Fitness and Leisure for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

**Common sense is your best guide when you answer these questions.**

**Please read the questions carefully and answer each one honestly:** Check YES or NO.

**Checking YES to any answer will require you to get a physicians clearance before starting an exercise program.**

- YES NO** Has your doctor ever said that you have a heart condition or have you ever suffered a stroke?
- YES NO** Do you ever experienced unexplained pains in your chest at rest or during physical activity/exercise?
- YES NO** Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?
- YES NO** Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?
- YES NO** If you have diabetes (type 1 or type 2) have you had trouble controlling your blood glucose in the last 3 months?
- YES NO** Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?
- YES NO** Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?

If YES to Q7 \_\_\_\_\_

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

Healthglo Fitness and Leisure assume no liability for persons who undertake physical activity, if you are in doubt after completing this questionnaire, please consult your doctor prior to commencing physical activity.

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed:

**THE REVERSE SIDE MUST BE SIGNED BEFORE ENTRY INTO THE CLUB IS ALLOWED**

# ACKNOWLEDGEMENT RELEASE AND ASSUMPTION OF RISK

## Warning

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.

Participant name: \_\_\_\_\_

(If under 18 years, parent or guardian to also sign below)

## 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 acknowledge and understand that whilst participating in any such activities:

- I may be injured, physically, mentally, or may die.
- Any physical conditions I may have, of which I may or may not be aware, of which I may or may not have disclosed to the centre or its staff, may be aggravated or worsened by my participation.
- My personal property may be lost or damaged.
- Other persons participating in such activities may cause me injury or may damage my property.
- I may cause injury to other persons or damage their property.
- The conditions in which activities are conducted may vary without warning.
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of the fitness centre operator, its servants or agents.
- There may be no or inadequate facilities for treatment or transport of me if I am injured.

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

## Release and Indemnity to the Fitness Centre Operator

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 – “Duty of Care”) I agree to release and indemnify the 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 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 death 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 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.

I accept that I am bound by the “Terms and Conditions” and “Club Rules” of Healthglo Fitness and Leisure as displayed in the waiting area.

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 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: \_\_\_\_\_