

HOLBROOK COMMUNITY GYM CLUB

Membership Form

Name

Date of Birth.....

Address.....

.....

Phone Number.....

Email Address.....

Emergency Contact Name.....

Emergency Contact Number.....

In case of injury or accident do you have any medical conditions that medical staff should be notified of eg asthma, allergies _____

OFFICE USE ONLY

MEMBERSHIP
NUMBER

Date Membership paid: _____

Date Annual Fee Paid: _____

Please circle:

Membership Fee: School Student \$10 - Adult \$20 **Annual Fee:** School Student \$50 – Adult \$110

Half Yearly Fee: \$75 **Quarterly Fee:** \$40 All Fees include Maintenance Levy.

WAIVER OF LIABILITY FOR GYM USE

I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my actions, but also from the action, inaction, or negligence of others, the rules of play, or the condition of the premises, or any equipment used, and further that there may be risks not known to me or not reasonably foreseeable. I understand that there are inherent risks in physical activity and I expressly assume all risks of injury, including death, which may occur in connection with my participation in activities with the Holbrook Community Gym Club.

I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I hereby acknowledge my responsibility in having accessed by a doctor any physical and psychological concerns that might conflict with participation in activity. As such, I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation with the Holbrook Community Gym Club furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE the Holbrook Community Gym Club, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation with the Holbrook Community Gym club facility. I understand that the inherent risks in performing physical activity may also jeopardise my abilities to perform work and sustain an income. I understand that it is my responsibility to source my own insurance to protect my income in the event that I injure myself and am no longer fit to perform work. I also expressly understand that I am required to cover all medical costs of any physical injury.

I also acknowledge that I have received an information pack from the Holbrook Community Gym Club and I have read the associated conditions of membership as outlined in this membership pack. I understand that my membership may be terminated with reasonable cause if I do not adhere to the conditions of use as outlined by the Holbrook Community Gym Club.

By my signing I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participants Name.....

Participants Signature.....

Date.....

(Parent's signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Name.....

Parent/Guardian Signature.....