



## **GO:VER GYM Membership Application**

**Personal Details** - By providing your contact details you are agreeing to receive communication via these methods

Title                      First Name    Surname

Address

Contact number: Home    Mobile

Email address

Date of birth    Age

Where did you hear about us?

### **Emergency contact details**

Name:

Contact Number:

Relationship to you:

I have read and agree to abide by the terms and conditions                      ☐

I have completed a health questionnaire form    ☐

I have signed and agreed to the waiver    ☐

Print Name    Signature    Date

.....

### ***Office use only***

#### **Membership type:**

Joining Date    Photo taken

Expiry Date    Card Issued

Starter payment of £..... received Y/N    Induction booked

S/O completed    Details onto MIND BODY

Health par Q completed    Profile                      S/O

Waiver signed    Receptionist



## WAIVER OF LIABILITY

I hereby acknowledge that use of the gym facilities and equipment, participation in the classes, and in the training provided at Go:ver Gym by Go:ver Training Ltd. exposes me to inherent risks which can include accidents, falls, illness, injury or even death.

I confirm that I know of no medical, physical or mental reasons why I would not be capable of performing the physical activity in which I choose to participate at Go:ver Gym. I acknowledge my responsibility in communicating to a staff member prior to commencing activity, any physical and/or mental concerns affecting me which could conflict with participation in my chosen gym activities.

I assume all risks of injuries associated with use of Go:ver Gym and its facilities including, but not limited to falls, contact with other participants, exercises and techniques taught to me by trainers employed by or providing services for Go:ver Training Ltd. and all other risks being known and appreciated by me.

Having read this waiver and knowing these facts, in consideration of accepting my use of the gym facilities and of services provided to me at Go:ver Gym by Go:ver Training Ltd. I agree to **Hold Harmless, Waive and Release** Go:ver Gym, its directors, employees, representatives, anyone else providing a service at Go:ver Gym and successors from any responsibility, liabilities, demands or claims of any kind arising out of my use of facilities at Go:ver Gym or out of my participation in training, classes or anything else organised by or on behalf of Go:ver Gym.

I confirm by my signature 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.

SIGNATURE ..... DATE .....

NAME in block capitals ..... D.O.B .....

**If you have not filled out a membership form please complete below:**

ADDRESS .....

EMAIL .....

NUMBER HOME..... MOBILE.....

EMERGENCY CONTACT: NAME ..... NO.....



## **Health Questionnaire Form**

This is a basic health screening form to help us assess both your readiness to exercise and the intensity at which to exercise. The questions are by no mean exhaustive so please include any other relevant information. This form is obligatory for all prospective members.

Is there any history of cardiac problems in the family?	YES	NO
Have you ever had heart trouble and/or felt pain in your chest when exercising?	YES	NO
Have you ever been diagnosed with hypertension (high blood pressure)?	YES	NO
Have you ever been diagnosed with hypotension (low blood pressure)?	YES	NO
Have you ever been notified that you have high cholesterol?	YES	NO
Do you have any bone or joint problems such as arthritis or osteoporosis?	YES	NO
If yes to above are these aggravated by exercise?	YES	NO
Do you suffer from lower back pain?	YES	NO
Do you suffer from a bleeding disorder or do you bruise easily?	YES	NO
Do you suffer from any neurological disorders? (eg. Epilepsy)	YES	NO
Do you ever feel faint or experience dizziness?	YES	NO
Do you have diabetes or any other metabolic disorder?	YES	NO
Are you currently taking any medication?	YES	NO
Are you pregnant or have given birth in the last six months?	YES	NO
Do you currently smoke?	YES	NO
Do you drink more than the recommended weekly allowance of alcohol? (21 units for men, 14 units for women)	YES	NO
Are there any other physical conditions that might affect your ability to take part in exercise?	YES	NO

If you answered YES to any of the questions above, or if you would like to add any additional information, please do so over leaf.

If you have answered yes to any of the above questions we may ask for a letter from your GP confirming your readiness to exercise.

In the rare event where exercise could be detrimental to an individual's health, Go:ver Training Ltd reserves the right to refuse membership.

---

I have read and understood this questionnaire and answered all the questions to the best of my knowledge.

Full Name\_\_\_\_\_ Signature\_\_\_\_\_

**Go:ver Training Ltd****New Standing Order Instruction**

**1.To** .....Bank

Please set up the following Standing Order and debit my/our account accordingly

---

**2. Account details**

Account name .....

Account number

Sort Code

---

**3. Payee details**

Name of person or organisation you are paying

Go:ver Training Ltd

Account number

11649658

Sort Code

60-10-30

Payment reference

*Your surname followed by first name*

---

**4. About the payment**

How often are the payments to be made

Monthly

Amount details - Date and amount of first payment

01 / /

£40.00

Until further notice – payments will be made until you cancel this notice

Yes

---

**5. Confirmation**

Print name:

Signature:

Date:

---

**NB: This is a standing order, if you wish to cancel you must cancel the standing order yourself – we have no control over this. You must also let reception know and fill out a cancellation form.**