

GO:VER GYM CLIENT FORM

PERSONAL DETAILS		
By providing your contact details you are agreeing to receiving communication from us that is essential for the smooth running of the services you are partaking in. If you also wish to be added to our mailing list to receive Go:ver Gym news and events, please tick here <input type="checkbox"/>		
TITLE	FIRST NAME	SURNAME
ADDRESS		
		POSTCODE
TEL: HOME		TEL: MOBILE
EMAIL		
DOB		AGE
HOW DID YOU HEAR ABOUT US? <input type="radio"/> WORD OF MOUTH <input type="radio"/> SOCIAL MEDIA <input type="radio"/> FLYERS <input type="radio"/> DRIVE PAST <input type="radio"/> OTHER		
EMERGENCY CONTACT DETAILS		
NAME		RELATIONSHIP TO YOU
CONTACT 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		
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 below:		
<p>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.</p> <p>In the rare event where exercise could be detrimental to an individual's health, Go:ver Training Ltd reserves the right to refuse membership.</p>		

THE NITTY GRITTY

Direct debits

Membership paid via direct debit comes out on the 1st working day of each month.

Please note: your direct debit will show as 'OPTIMAL PAYMENTS LTD' not Go:ver Gym.

Cancellation policy – Direct Debits

On sign up there is an initial 3 month membership requirement.

If you wish to cancel your membership after the first 3 months you must give one full calendar months' notice prior to, or on the 1st of the month.

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.

AGREEMENT	
<p>I confirm by my signature that I have:</p> <ul style="list-style-type: none">• Read and understood this Waiver of Liability - I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.• Read and agree to abide by Go:ver Training Ltd terms and conditions.• Read and understood the health questionnaire and answered all the questions to the best of my knowledge.• Read and understood the cancellation policy for direct debits and agree to the cancellation policy whether I am joining as a new member now, or join as a moment in the future.	
FULL NAME	
SIGNATURE	
DATE	
STAFF NAME INPUT DATA MB	STAFF NAME CHECKED