

PHOTO

GIDM GYM Membership Application		page 1 of 3
Name	:	
Home Address	:	
Office Address	:	
Email	:	
Telephone :		Mobile :
Emergency Contact Person name & relationship :		
Telephone :		Mobile :

Please indicate if you suffer from or have recently suffered any of the following conditions: •

Any heart or stroke conditions	<input type="radio"/> Yes <input type="radio"/> No	Diabetes	<input type="radio"/> Yes <input type="radio"/> No
High blood pressure	<input type="radio"/> Yes <input type="radio"/> No	Hernia	<input type="radio"/> Yes <input type="radio"/> No
Pain or tightness in the chest	<input type="radio"/> Yes <input type="radio"/> No	Epilepsy or fits	<input type="radio"/> Yes <input type="radio"/> No
Difficulty in breathing or chronic cough	<input type="radio"/> Yes <input type="radio"/> No	Fainting attacks	<input type="radio"/> Yes <input type="radio"/> No
Stomach or duodenal ulcer	<input type="radio"/> Yes <input type="radio"/> No	Back problems	<input type="radio"/> Yes <input type="radio"/> No
Liver or kidney condition	<input type="radio"/> Yes <input type="radio"/> No	Asthma	<input type="radio"/> Yes <input type="radio"/> No

•If you have answered Yes to any of the above, for your own safety, you have to provide a medical certificate before utilizing the gym.

Have any family members (including grandparents, parents, siblings) had heart problems prior to age 60?	<input type="radio"/> Yes <input type="radio"/> No
If yes, provide details:	
Have you ever had any injury, illness, back or joint condition that may be aggravated by vigorous exercise?	<input type="radio"/> Yes <input type="radio"/> No
If yes, provide details:	
Have you had any surgery in the last six (6) months?	<input type="radio"/> Yes <input type="radio"/> No
If yes, provide details:	

Signature

Membership Conditions

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Are you taking any prescribed medication?

☐ Yes ☐ No

If yes, provide details:

Do you have any other medical conditions that should be made known?

☐ Yes ☐ No

If yes, provide details:

Do you exercise regularly?

☐ Yes ☐ No

Are you pregnant?

☐ Yes ☐ No

- A GYM Membership fee for one month Applies;
- Membership fees are to be paid upfront and in full;
- Memberships are non-transferable
- No refunds will be given on memberships
- Members must sign-in and out when utilizing the GYM, using the sign-in book provided.

GYM Rules

I hereby agree to abide by all the rules and regulations of the GYM as listed below:

- *Closed in footwear* must be worn
- Neat and clean clothing must be worn
- A towel must be used on all benches
- Chewing gum, Guthaka, Pan-Masal, Smoking etc. are strictly prohibited.
- GYM Equipment must only be used for it's intended purpose
- Weights must be returned to place of origin after use
- Do not drop weights- place them down carefully
- Offensive behavior and swearing will not be tolerated
- Do not allow entry to unauthorized person

Any breach of these rules may result in a monetary fine or suspension or cancellation of your membership.

Declaration and waiver:

1. I realize that participation in exercise carries some risk. I hereby certify that I am aware of no medical conditions (except any already noted herein) that may increase my risk of illness or injury due to an exercise programme. I have read and understand this questionnaire and hereby exempt, release and discharge the GIDM GYM Hall, It's servants, agents and contractors, from liability for any injury, as a result of my participation in any future program.
2. I, the undersigned, in consideration of, and as a condition of, acceptance of my entry to the GYM, for myself, my heirs, my executors and administrators, waive all and any right or cause of action which I or they might otherwise have arising out of the loss of my life, or injury and damage, or loss of any description whatsoever which I may suffer.

Signature

3. This waiver, release and discharge shall operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the operation of the nominated GYM at GIDM Hall, or servants or representatives of them

I Agree

Signature:

Date

Recommendation from the concerned organization.

Date:

Head of the organization
(Seal & Signature)