

# Iron Jungle

## Class/Gym Membership Agreement Form

### Entry Terms and Conditions

*By signing this agreement, you are agreeing that you have sighted, read, understand, and will abide by the following Iron Jungle Policies.*

### Entry terms and conditions – please tick to confirm

All participants must abide by the "Entry Terms and Conditions" for Iron Jungle.

Management reserve the right to refuse entry or cancel a GYM or Class Card/Membership, without refund, or request any person to leave the premises if that person does not behave in a responsible manner, uses abusive language, is under the influence of drugs and/ or alcohol or does not adhere to general conditions of entry.

Every effort will be made to adhere to all published timetables, however Iron Jungle reserves the right to alter session times, as required.

#### 1. Membership Payment Fees

- Payment is received in full upfront either via EFTPOS or Cash.
- Unless otherwise provided, Membership is payable weekly in advance (\$39.99 per week), minimum Membership is one month. Cancellation of Membership by a member is by 2 weeks written notice.
- Classes and Personal Training Sessions are in addition to Membership Fees.
- Where payment is made by Direct Debit or Eftpos the member accepts the terms and conditions of the Eftpos or Direct Debit Provider.

#### 2. Medical Considerations

If you identify with risk factors from our adult pre-screening tool it is a requirement of Iron Jungle that you provide a doctor's certificate of your ability to participate in health and fitness exercise program. 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.

#### 3. Acknowledgement or 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 assume the risks of, and the responsibility for any injury, illness, loss of life or property resulting from participation in any activities.
- Any loss or damage to property is entirely at the risk of myself and I indemnify Iron Jungle in that regard.

#### 4. Release and indemnity to Iron Jungle

In consideration of the acceptance of my payment for participating in any activity (and except to the extent that Iron Jungle may be precluded by statute). I agree to release and indemnify Iron Jungle and staff as follows:

- I participate in the activities at my sole risk and responsibility.

By signing this agreement I have read, understood and accept Iron Jungle's Entry Terms and Conditions.

Signed By:		Date:	
------------	--	-------	--

# Iron Jungle

## Class/Gym Membership Agreement Form

### ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on 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. Iron Jungle can accept no responsibility or liability whatsoever for any loss, damage or injury that may arise from any person acting on statement or information contained in this tool.

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Member Number:</b>			

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4.	Have you had an asthma attack requiring immediate medical attention at any time?	Yes	No
5.	If you have diabetes (type 1 or 2), have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6.	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
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No
<p>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.</p>			
<p>IF YOU ANSWERED "NO" to all 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate physical activity/exercise.</p>			

I believe to the best of my knowledge, all the information I have supplied within this tool is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Iron Jungle

## Class/Gym Membership Agreement Form

### Further Questions:

1.	Have you spent time in hospital over the last 12 months (including day admission for any medical condition/illness or injury)?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
2.	Are you currently taking a prescribed medication(s) for any medical condition?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
3.	Are you pregnant or have you given birth within the last 12 months?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
4.	Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details

I believe to the best of my knowledge, all the information I have supplied within this tool is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_