



# JCU HALLS OF RESIDENCE

## APPLICATION FOR GYM MEMBERSHIP

A GYM MEMBERSHIP FEE OF \$50.00 APPLIES

### Gym Membership Application

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**Nominated Gym:**  Western Hall Gymnasium  
 University Hall Gymnasium

**Resident Name:**

**Hall:**

**Home Address:**

**Email:**

**Telephone:**  **Mobile:**

**Emergency Contact Person:**

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

\* If you have answered Yes to any of the above, for your own safety, you are required to provide a medical certificate before utilising the gym.

Have any family members (including grandparents, parents, siblings) had heart problems prior to age 60?  Yes  No  
 If yes, provide details:

Have you ever had any injury, illness, back or joint condition that may be aggravated by vigorous exercise?  Yes  No  
 If yes, provide details:

Have you had any surgery in the last six (6) months?  Yes  No  
 If yes, provide details:

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



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### Membership Conditions

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- A gym membership fee of \$50.00 applies;
- Membership fees are to be paid upfront and in full;
- Memberships are non-transferable between Halls;
- No refunds will be given on memberships;
- Members must sign-in and out when utilising the gym, using the sign-in book provided.

### Gym Rules

I hereby agree to abide by all the rules and regulations of the nominated 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;
- No chewing gum;
- 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;
- No use of equipment under the influence of alcohol;
- No alcohol to be consumed in gym;
- Offensive behaviour and swearing will not be tolerated;
- Do not allow entry to non-members;

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

**For advice and/or induction please contact your Hall office.**

### Indemnity and Release

**Nominated Gym:**  Western Hall Gymnasium  
 University Hall Gymnasium

**Resident Name:**

**Hall:**

### Declaration and Waiver:

1. I realise 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 program. I have read and understand this questionnaire and hereby exempt, release and discharge the JCU Halls of Residence, 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.
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 JCU Halls of Residence, or servants or representatives of them.

**Signature:**

**Date:**

Office Use Only		
Joining Date:	Membership Period: <input type="checkbox"/> Semester <input type="checkbox"/> Year	FOB Activated: <input type="checkbox"/>
Paid/Receipt Number:	Charge Applied: <input type="checkbox"/>	Initials:
Medical certificate required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical certificate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	