



# SCU Gym & Pool

How did you hear about SCU Gym & Pool?

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PT Session    Membership    Casual visit    10 Pass

Name:	
Address:	
Ph:	Email:
Emergency contact:	Ph:
File Location:	Card No:

HAVE YOU HAD, DO YOU HAVE OR ARE YOU?	YES	NO	If yes, give details & if cleared, date of clearance by Doctor
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Gout, Stroke, Diabetes, Epilepsy, Hernia, Glandular Fever, Rheumatic Fever, Dizziness or Fainting			
Liver or Kidney condition			
Stomach or Duodenal ulcer			
Arthritis, Asthma, Cramps, Muscular Pain			
A smoker			
Dieting or fasting			
Are there any other conditions that would require you to modify your exercise program			
Any pain or major injuries to the neck, back, knees, ankles			
Are you on any prescribed medication. Please provide details			
Chronic illnesses			
Are there any other conditions we should be aware of			

If any of the above conditions are applicable to you, please either obtain clearance from your Doctor to exercise prior to commencement, or sign below if the condition has already been cleared by your Doctor, or if you sign below you are prepared to take full responsibility for your condition.

Anyone in your family under 60 suffer heart disease, stroke, raised cholesterol or sudden death			
Male over 35 or female over 45 and not used to regular exercise			
Have you been hospitalised recently			
Any heart condition			
Pregnant			
Heart Murmur			
High blood pressure > 140/90			
Palpitations or pains in the chest			
Raised cholesterol / Triglycerides			

### STATEMENT

I recognise that SCU Gym & Pool is not able to provide me with medical advice with regards to my medical fitness and this information is used as a guideline to the limitations of my exercise ability. I have answered the questions to the best of my ability and understand the advice above.

Member Signature:	Date:			
Witnessed by a Team Member:	Print Name:			
Signed:	Time:		Date:	

**Please read the following terms and conditions carefully and sign and date at the bottom of page**

1: I understand that all new memberships of at least six (6) months duration have a cooling off period of seven (7) days only, from the date of signing the membership agreement. Irrelevant of the start date for the membership. Requests for termination of membership and refund of any monies paid during this time must be presented to the clubs manager in writing. Any refunds granted within this time will be a total of monies paid less service and administration costs. Following this period there will be no refunds granted on monies paid and any membership balance must be honored.

There is no cooling off period on membership renewals. Initial

2: I understand that direct debit memberships are an ongoing, minimum term contract, and membership and payments will continue beyond minimum term until a written application to cancel the membership has been received by SCU. You have the right to cancel your membership at any time however cancellation for reasons other than during the cooling off period or due to permanent sickness or physical incapacity will require the balance of your initial commitment to be paid in full. I understand that fourteen (14)-days notice is required to process a cancellation, and any debit fees due during this 14-day period will continue to be collected. I understand that any minimum term balance must be paid in full before a cancellation will be processed. I understand that it is my responsibility to confirm SCU has received my cancellation request. I understand management may vary any details of the direct debit agreement at any time by giving me 14 days notice in writing.

Initial

3: I understand that memberships of three or more months are entitled to On Hold rights. On a billing membership extra time will be added to the end of membership. I understand that on hold time will commence from the date of application, or a future date listed on the application form and cannot be backdated for any reason. I understand that on hold time will not be granted on any membership that has fallen into arrears. I understand that one weeks minimum and three months maximum per 12-month period, on hold periods are set for each membership and any request for changes to terms or conditions must be made in writing to management and are subject to approval by management. I understand that within the minimum term, debit fees will continue to be deducted during the On Hold period, with free time added at the end of the minimum term.

4: I understand that I may be refused entry to the club should payment of membership fees fall into arrears, until such time as arrears have been received. I understand that additional charges may apply for late fees. I understand that prolonged non-payment of fees will result in cancellation of membership and possible legal action to recover any outstanding balance. The cooling off period for memberships of less than 3 months duration is 48 hours from the date of signing.

5: I understand that management reserves the right to amend the hours of operation, services offered, fees & charges, and membership terms and conditions in accordance with the changing requirements of the club.

6: I understand that it is my responsibility to notify SCU Gym & Pool reception on any personal detail changes including address, contact numbers and bank account details

7: I understand that appropriate clothing must be worn at all times within the club. Clothing coverage should be adequate so as not to offend other members and staff. I understand that appropriate clothing includes a pair of closed in runners, and that thongs and open toe sandals are not permitted in the workout areas. I understand a towel is a compulsory requirement of entry to the club.

8: I understand members are required to wipe down equipment, and to return all weights & equipment following use. I understand the equipment is not to be modified in any way, I understand I will be held responsible, and will be liable for any costs arising from any damage caused by myself, or any guest I bring to the premises of SCU Gym & Pool.

9: I understand I must comply with staff recommendations and instructions regarding safe exercise performance and machine or equipment time limitations, I understand I am required to be courteous to all other members and staff. I understand that SCU has the right to refuse entry or cancel my membership without notice for any inappropriate behavior so deemed by the staff or management. I understand that smoking, alcohol or drug use is not permitted within the boundaries of SCU Gym & Pool.

10: I hereby release and discharge to SCU and its employees, contractors, instructors, agents and affiliates that I do not, have any physical, medical or other disability or condition which may be affected or aggravated or result in any loss, damage or injury to my person or deterioration of my health if I make use in any way or have access to or am present at or undertake any exercise, activity or evaluation at the club, any facilities, (such as gym, equipment, pools or areas available at or nearby the premises facilities) including (but not limited to) participation in exercise activities outside, the Premises using public streets, footpaths, parks or beaches , I undertake to inform SCU in writing immediately upon my becoming aware of any such disability or condition.

11: I herein irrevocably and unconditionally release SCU and each and all of its workers to the maximum extent permitted by law from any claim, actions, suits, demands, proceedings, and causes of action and any direct, indirect, resulting or consequential loss, cost, expense or, damage of whatsoever kind which I may incur, suffer, or sustain, whether in respect of my person or property or otherwise, arising out of or in connection with my use or access to or presence in or supervision, instruction, evaluation or counseling by SCU or any of the workers in connection, with the Facilities, or during organised exercise outside the Premises using public streets, footpaths, parks or beaches or by reason of or arising from the negligence of SCU Gym & Pool or any of its workers.

12: This information is recorded to refer to in the case of an emergency. This information will not be shared or given to other parties.

**Privacy and personal information**

13: SCU is requesting this information from you so that we can:

- Use this information in case of an emergency.
- We may also use your information for internal auditing, reporting or program evaluations.
- For the same purpose, SCU may provide this information about you to an SCU contractor or consultant.

With your permission, we would like to use your information to place you on our mailing list for special offers/gym and pool information

I consent to my personal information being [used/disclosed] for the purpose of a mailing list.

Signature:

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

When storing your personal information electronically, SCU may disclose your personal information to overseas recipients by virtue of its cloud computing arrangements. SCU's

'cloud' servers are located in Hong Kong, Singapore and Ireland and SCU is reasonably satisfied that these countries have similar privacy protections to those afforded under Australian law. SCU will not disclose your personal information to anybody else unless we are required to do so by law – for example if the information is needed in an emergency or for law enforcement purposes.

Providing us with the requested information is not required by law. However if you choose not to provide us with the requested information, SCU GYM&POOL cannot accept your application for a Casual Visit or Membership.

You may request access to your information at any time. To access or update your personal information, or for more information on our privacy obligations, ask to speak to our Privacy Contact Officer or email [privacy@scu.edu.au](mailto:privacy@scu.edu.au). A copy of the University's Privacy Management Plan is available at: <http://policies.scu.edu.au/view.current.php?id=00018>

**Signature**

The undersigned, has read and understands the terms and conditions of the membership as listed on both sides of this document and understands that by signing this document they are bound by the terms and conditions of the Membership Agreement.

Member Signature \_\_\_\_\_

Date: \_\_\_\_\_  
(Parent/Guardian Signature if under 18)

**Office use Only:**

SCU Witness to completion of form \_\_\_\_\_

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

