



TERMS & CONDITIONS

THIS PASS IS VALID FOR ONE BOXING OR F.I.T. CLASS AT MY GYM. GUESTS MUST BE FIRST TIME VISITORS 16 YEARS AND OVER.

PRE-ACTIVITY QUESTIONNAIRE

Mr Ms.

Name _____

Date of Birth _____

Address _____

Suburb _____ Post Code _____

Phone _____

Email _____

How did you hear about this club? _____

What kind of exercise have you done recently?

How Regular? _____

Is there anything in partiucalar you want to achieve?

Have you ever had?

- heart trouble pains in the chest faint or dizzy spells
- blood pressure arthritis bone or joint problems
- asthma back problems are you taking medication

DECLARATION

I understand that My Gym is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline only. I agree to release and indemnify My Gym and its agents against any claim physical or mental, loss or damage to my person or property. I agree that in the event that I am injured or my property damaged I will bring no claim legal or otherwise.

Privacy Policy: For further information on our privacy policy email: info@mygym.net.au

I have read and understood this document

Signed _____ Date _____