

Health Commitment Form

Member ID:

First Name:

Surname:

Your health is your responsibility. The management and staff of this organisation are dedicated to helping you take every opportunity to enjoy the facilities that we offer. With this in mind, we have carefully considered what we can reasonably expect of each other.

Our Commitment to you

- We will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.
- We will make every reasonable effort to make sure that our equipment and facilities are in a safe condition for you to use and enjoy.
- We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the Register of Exercise Professionals.
- If you tell us that you have a disability which puts you at a disadvantage in accessing our equipment and facilities, we will consider what adjustments are reasonable for us to make.

Your Commitment to us

- You should not exercise beyond your own capabilities. If you know, or are concerned that you have a medical condition which might interfere with you exercising safely. Before you use our equipment and facilities you should obtain and follow advice from relevant medical professionals.
- You should make yourself aware of any rules and instructions, including warning notices. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.
- You should let us know immediately if you feel ill when using our equipment or facilities. Our staff members are not qualified doctors, but there will be a person available who has had first-aid training.
- If you have a disability, you must follow any reasonable instructions to allow you to exercise safely.

This statement is for guidance only. It is not a legally binding agreement between you and us and does not create any obligations which you or we must meet

If you have any medical condition you think may hinder your exercise capabilities or impair you exiting the building in an emergency please provide us with any information that we may require below:

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Declaration

I hereby agree that, to the best of my knowledge, have provided accurate information regarding my health status. I agree to notify any changes to my current health or contact details to a member of staff immediately. I understand that exercise can be physically demanding, and completing such exercises incorrectly can result in serious injury towards me and others.

Member Signed:

Date:

Gym Induction Requirements

All fitness suite users are required to complete a gym induction. All members have access to a free gym induction as part of their membership.

Do you wish to use the gym? YES [] NO []

If you are an experienced and competent gym user you do not need to undertake a full induction but as a minimum requirement you will need to watch our Online Induction. **ALL** users regardless of ability need to complete a Free Weights Induction/Competency Test prior to using.

Online Induction [] Fast Track* [] Full Induction* []	
I confirm I have watched the online induction or been shown and am familiar with: <ul style="list-style-type: none">General health and safety requirements including the gym regulations, rules and etiquette.The equipment and the facility. I also confirm that if I am unfamiliar with any equipment I will contact an instructor before using.	
Member Signed:	Date:
Instructor Name* (if required):	Date:
Do you wish to use FREE WEIGHTS? YES [] NO []	
Date / Time of Induction / Free weights booking:	

Free Weights Induction / Competency Test	
I confirm I have shown, or been shown, how to use the free weights equipment. I understand how to use free weights safely and am aware that if I need help to contact a member of staff. I am aware of the safety rules associated with free weights and also the free weights area etiquette.	
Member Signed:	Date:
Instructor Name* (if required):	Date:

*****Office use only*****		
Gladstone account induction fields updated	Staff Name:	Date:
Form scanned and uploaded to Gladstone	Staff Name:	Date:
Form filed in back office	Staff Name:	Date: