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Membership Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be on our mailing list for events and other information relevant to Academy members? Delete as applicable: Y / N

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minimum Duration: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment

I understand that payment shall be made in the agreed amount by monthly standing order in advance of using the facility and is non-refundable once paid. I understand that if payment has not been made, I may be refused entry to the facility.

Jonathan Clarke

60-83-71

58683197

In relation to the use of our facilities and services you declare and acknowledge that:

1. The information given by you in entering this agreement is correct and will be relied upon by us.
2. Our staff and subcontractors are not medically trained and should you have any concerns with your health and fitness you should seek independent medical advice before engaging in any physical activity on our premises.
3. To the best of your knowledge and belief you are in good health and not knowingly incapable of engaging in exercise and that such exercise would not be detrimental to your health, safety, comfort, well-being or physical condition. Further, that you will advise us immediately should your health or vulnerability to injury change.
4. If you have any pre-existing medical conditions, may be pregnant, or are breastfeeding, you have consulted your medical professional or general practitioner before beginning to use our facility.
5. If you have a pre-existing medical condition which will benefit from regular exercise, your GP has signed this off and recorded this on your medical records.
6. You have read and understood this agreement and all its Terms and Conditions before accepting them below.
7. This agreement will become binding upon both parties once you have checked the "I confirm that I have read and agree to Strength Academy’s Member Health Agreement" box and the "Continue to CONFIRM PAYMENT" button has been clicked.

You are primarily responsible for your health and wellbeing, but we at Strength Academy will endeavour to see that you enjoy our facility safely. To that end you should expect the following of our professional position:

* Whilst we will respect your decision over your training routine we reserve the right to ask you not to exercise beyond what we reasonably believe to be your personal ability.
* We shall endeavour to maintain a safe environment for you to enjoy your exercise.
* We shall ensure that all our staff are qualified to fitness industry standards.
* We shall at all times keep confidential any information that you give us regarding your health.

If you are a wheelchair user or need assisted access, we ask that you notify any member of staff so that we can complete a personal evacuation form in line with fire safety regulations.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_