



FITNESS PROGRAM ENROLMENT FORM

PERSONAL DETAILS

NAME			
ADDRESS			
EMAIL		PHONE	
EMERGENCY CONTACT		PHONE	

HEALTH & FITNESS

All exercise and activity involve some risk that you may injure yourself. The likelihood of this risk is greater if you have an existing medical condition and as you get older. We require that you self-assess your level of fitness and consult with your Doctor (GP) prior to undertaking any physical activity. Fitness Australia have prepared a pre-exercise screen tool to help you understand the risks to you. You can access this tool using the QR code to the right or by contacting our reception staff.



KNOWN MEDICAL CONDITIONS

In case you have any incidents whilst at our venue, please let us know about any medical conditions that we may need to be aware of:

- Diabetes High Blood Pressure Angina Heart Condition
 Stroke Low Blood Pressure Other (please specify below)

.....

.....

.....

DISCLAIMER / WAIVER

WAIVER AND RELEASE: In consideration of my enrolment in a program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(a) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, THE FOLLOWING ENTITIES OR PERSONS:

The Royal Life Saving Society Queensland Inc and/or their members, directors, officers, trainers, coaches, employees, volunteers, representatives, and agents;

(b) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph (a) from any and all liabilities (including liability arising from negligence) or claims made as a result of me attending the program, whether caused by the negligence of release or otherwise.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law and is in addition to any other liability waiver and release that I may have provided, and is an ongoing agreement.

Signature	_____ / _____ / 20____
-----------	------------------------

PRIVACY NOTICE

We respect your privacy. Information collected on this form and/or provided to us will be used for the purpose of dealing with you as a customer. Your information may be disclosed to relevant staff, officers, members, suppliers, contractors, affiliates and/or training partners for administration, statistical, regulatory and other purposes. We may also use third parties to administer and deliver services and communications to members such as newsletters, online surveys and member benefits. Some third-party suppliers or their products and services are located overseas. Please contact us if you do not agree with our privacy policy as we may not be able to process your membership application. You will be able to access this information by contacting our Privacy Officer.