

## Gym Membership

Please note, if any of your details on this form change, please notify DSX Fitness.



## Personal Information

### Full name \*

Prefix      First Name      Last Name

### Address \*

Street Address

Street Address Line 2

City

Post Code

### Date of Birth



Day    Month    Year

### Your contact number \*

### Email \*

example@example.com

### Emergency contact number \*

**Emergency contact name \***

### **Disability Information (optional)**

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

**Do you consider yourself to have a disability?**

Yes

No

**If yes, what is the nature of your disability?**

### **Health**

**Do you require a gym induction? \***

Yes

No

**If you answer YES to any of the following health questions, you should seek medical clearance from your GP or a specialist before beginning any fitness programme or leisure activity. \***

Yes No

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose balance because of dizziness or do you ever lose consciousness?

**Have you ever experienced blackouts or fainting?**

**Do you have high blood pressure?**

**Do you have bone or joint problem (for example, back, knee, or hip) that could be worsened by a change in your physical activity?**

**Are you currently taking medication for a diagnosed medical condition?**

**Have you had any surgery or operations in the last 3 months?**

**Do you have any other illness or injury which may be aggravated by regular exercise?**

**Are you pregnant, or have had a baby in the last 6 months?**

**If you have answered YES to any of the above questions, please give details here:**

**If you have answered YES to any of the above questions, please provide the name of your GP and Surgery:**

IMPORTANT: If you have answered YES to any of the above questions, you may be required to provide evidence of your GP or specialist's clearance for you to take part in regular exercise before your membership is processed.

DISCLAIMER: It is the policy of DSX Fitness not to release your personal data to third parties unless you have given consent. It is normal practice to use photographs and video footage of members to promote best practice on the DSX Fitness website, social media platforms and printed promotional materials. DSX Fitness also uses external agencies to assist with its marketing processes. DSX Fitness is not responsible for any damage or loss caused by participation in a physical fitness programme or leisure activity.

I have read and understand the DSX Fitness code of conduct and terms of use.

## DSX Waiver & Release Form

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity or training program. You agree that by participating in physical exercise sessions or training activities at DSX Fitness, you do so entirely at your own risk.

This includes, without limitation, (a) your use of all equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendations.

If you decide to adopt any recommended changes in diet, including the use of food supplements, weight reduction and/or body building enhancement products, you do so by agreement and as such take responsibility. You should consult a physician prior to undergoing any dietary or food supplement changes.

We are also not responsible for any loss of your property.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge DSX Fitness Ltd, the trainer or instructor from any and all claims or causes of action. You agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against DSX Fitness Limited, a trainer or instructor for personal injury or property damage.

If any portion of this release from liability shall be deemed by a Court to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from this release.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

### Name \*

First Name

Last Name

### Date



Day Month Year