

PART 1 - ENROLMENT FORM

PERSONAL INFORMATION

Title _____ First Name _____ Surname _____
Date of Birth ____/____/____ Gender: Male Female Phone: H _____ W _____ M _____
Postal Address _____ Postcode _____
Email Address _____ Fax Number _____
Preferred method of contact: SMS Phone Email
Emergency Contact: Name _____ Relationship _____ Phone Number _____
 I do wish to receive email updates from us on any upcoming events, course information or other marketing or promotional material.
How did you hear about us? _____
What is your main fitness goal? _____
Why do you want to achieve this goal? _____
Are you willing to commit to this goal? _____

MEDICAL INFORMATION

Are you presently exercising? Yes No

IF YES:

What type of exercise? _____
How often? _____
How long have you done this for? _____
Have you been consistent? Yes No

IF NO:

Have you done structured exercise in the past? Yes No
If yes, what was the frequency (per week)? _____
When did you stop? _____
Why did you stop? _____

The programs involve activities that require a basic level of fitness. Are there any known reasons such as an illness, disability, impairment or otherwise, which may impact, limit or influence your ability to participate in the activities, including (but not limited to) any one or more of the following (please tick and describe in the space provided)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Regular Headaches | OFFICE USE ONLY BP Reading /_____ Date taken: _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Any Major Injuries | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> A Hernia | |
| <input type="checkbox"/> Family history of Heart Disease | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Muscular Pain / Cramps | |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Back Pain | |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Chronic Cough | |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> High Cholesterol | |
| <input type="checkbox"/> Pain or tightness in the chest | <input type="checkbox"/> Any Joint, Bone, Ligament or Tendon injuries | |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Are there any other factors that may limit your activity? Please explain below: _____ | |
| <input type="checkbox"/> Liver / Kidney Conditions | | |

IF MALE,

are you over 35 years and unaccustomed to exercise?

Yes No

IF FEMALE,

Are you pregnant? Yes No

Are you over 45 and unaccustomed to exercise? Yes No

PROGRAM ENROLMENT INFORMATION (please tick where applicable)

What program are you enrolling in? Mon, Wed, Fri Tue, Thu Bootcamp TRX Boxing for Fitness

New recruits are issued a Bootcamp training shirt on enrolment. Chest Size: _____ (cm)

Do you require boxing gloves? Yes, I require them No, I already have them

Do you require an extra training shirt? Yes, I require one No

PART 2 - TERMS & CONDITIONS

(Return Part 1 & 2 in person to our staff with original signature)

IMPORTANT: Please read this document carefully. It is a condition of your use of our services that you comply with these terms and conditions.

These **terms and conditions** apply to all goods or services supplied by **Get Addicted Fitness & Personal Training**. They are to be read in addition to and will prevail over any additional terms and conditions specified for any individual purchase of Bootcamp/Outdoor Group Fitness Programs supplied by **Get Addicted Fitness & Personal Training** In so enrolling and in consideration of my application fee for entry to any Bootcamp/Outdoor Group Fitness Program. **I acknowledge, warrant and agree that:**

1. Interpretation:

- GAF & PT means Get Addicted Fitness & Personal Training, ABN 32 287 958 803 and its permitted successors and assigns
- **Agreement** means this document, the attached Enrolment Form as well as any schedule or annexure to this document.
- **Representative** means any of GAF & PT directors, officers, contractors, sub contractors, servants, agents or other representatives.

2. Payment:

- All fees (unless paid in full), for **Bootcamp/Outdoor Group Fitness Programs** and the availability of said programs are subject to change without notice.
- Full payment of fees is required in advance for all Bootcamp/Outdoor Group Fitness Programs and is the mechanism for securing your place in an Outdoor Group Fitness Program.
- Pro-rata payments for some Bootcamp/Outdoor Group Fitness Programs can be arranged on application.

3. Refund:

- Where you have given GAF & PT at least 5 business days prior written notice of your intention to withdraw from a Bootcamp/ Outdoor Group Fitness program, you are entitled to a full refund or credit.
- Where the relevant Bootcamp/ Outdoor Group Fitness Program has not commenced and where I have given GAF & PT less than 5 business days prior written notice of my intention to withdraw from a Bootcamp/Outdoor Group Fitness Program I am entitled to a full refund or credit less a 50% cancellation fee.
- Once a Bootcamp/Outdoor Group Fitness Program has commenced, I am not entitled to a refund or credit.

4. GAF & PT Rights: May,:

- Vary the delivery of a Bootcamp/Outdoor Group Fitness program at anytime without notice.
- Cancel or postpone a Bootcamp/Outdoor Group Fitness course up to 24 hours prior to the commencement of that Bootcamp/Outdoor Group Fitness program. Where a Bootcamp/Outdoor Group Fitness program is cancelled by GAF & PT, I will be offered the choice of refund or credit.
- Refuse my entry or continuation to a Bootcamp/Outdoor Group Fitness program if GAF & PT Representatives have deemed (at their sole discretion) me not to be medically or physically fit to participate. However, GAF & PT is not able to provide advice concerning medical fitness to undertake any exercise or activity and that it is my responsibility to seek medical advice in this regard.
- Refuse my entry or continuation in a Bootcamp/Outdoor Group Fitness program if GAF & PT Representatives have deemed (at their sole discretion) my behaviour to be unacceptable, unsafe or inappropriate.

5. Warning: Participation in a Bootcamp/Outdoor Group Fitness program can be inherently dangerous. Accidents may happen which may result in me being injured or even killed. I have read and understood this warning and voluntarily accept and assume the inherent risks in participating in each relevant Bootcamp/Outdoor Group Fitness program.

6. Fitness to Participate: I am and will continue to be medically and physically fit and able to participate in the program. I am not and will not be a danger to others or myself. I will immediately notify GAF & PT in writing of any change to my fitness and ability to participate. Unless I notify GAF & PT otherwise, I understand and accept that GAF & PT will continue to rely upon this declaration as evidence of my fitness and ability to participate.

7. Medical Treatment: I consent and authorise GAF & PT and its Representatives to administer or obtain medical assistance in the event of an accident or medical condition I may suffer whilst participating in a Bootcamp/ Outdoor Group Fitness program and agree to pay for any costs or expenses incurred by GAF & PT in administering or obtaining such medical assistance.

8. Exclusion of Liability: To the extent permitted by law and while all reasonable care is taken, GAF & PT and its Representatives cannot be held responsible and excludes all liability however arising (including liability for negligence) for direct, indirect or consequential loss, damage, injury, cost and expenses (including without limitation loss of revenue or profits, loss of business opportunity, goodwill and/or data, and failure to realise anticipated savings or benefits).

- 9. Release and Indemnity:** To the extent permitted by law, I release and indemnify, and will keep indemnified, GAF & PT and all of their Representatives in relation to all claims which I now, or at any time in the future may have against GAF & PT arising from or related in any way to the supply and my participation in Bootcamp/Outdoor Group Fitness Program.
- 10. Privacy:** I understand that the information I have provided is necessary for my participation in any Bootcamp/Outdoor Group Fitness program. I acknowledge and agree that the information will only be used by GAF & PT to facilitate the conduct of Bootcamp/Outdoor Group Fitness programs. As part of my enrolment with GAF & PT, I acknowledge that I may receive information from time to time about the products and services offered by GAF & PT. If I do not wish to receive such information from GAF & PT, I will notify GAF & PT in writing.
- 11. Photographs and right to use:** Photos may be taken and used by GAF & PT for promotional purposes, without payment or compensation to me. Such photos are and will remain the property of GAF & PT.
- 12. Assignment:** GAF & PT may assign or otherwise deal with this Agreement at its sole discretion. I cannot assign any rights under any agreement with GAF & PT without prior written consent of GAF & PT (which may not be unreasonably refused).
- 13. Severability:** If anything in this Agreement is unenforceable, illegal or void then it is severed and the rest of this Agreement remains in force.
- 14. This Agreement cannot be amended.** If I do amend it my application will be null and void and cannot be accepted by GAF & PT.
- 15. I have provided the information required overleaf and signed the form.** I warrant that all information provided is true and correct. **I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity.**

Please tick box to acknowledge that you have read and agree to the terms and conditions above.

Signature _____

Full name _____

Date _____

CONSENT

Where the applicant is under 18 years of age this Agreement must also be signed by the applicant's parent or legal guardian.

I, _____, am the parent or guardian of _____ [Applicant]. I expressly agree to be responsible for the applicant's behaviour and confirm that I have read and agree to personally accept the terms and conditions set out in this Agreement including the provision by me of a release and indemnity in the terms set out above.

Signature (Guardian) _____

Full name (Guardian) _____

Date _____

Submitting this form via email is purely for the purposes of speeding up the application process. A printed and signed copy is still required.

SUBMIT ENROLMENT FORM
via EMAIL 