

About You	Please tick or fill in the appropriate boxes		
	Surname: _____	First Name: _____	Title: _____
	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Date of birth: ____ / ____ / ____	
	Contact number: _____	Email address: _____	
	Emergency contact / next of kin: Name: _____ Contact number: _____		
	Medical History – do you or have you suffered from any of the following?		
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Arthritis
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Joint / bone problems
	<input type="checkbox"/> Heart condition	<input type="checkbox"/> High / low blood pressure	<input type="checkbox"/> Major operation in last two years
	If 'YES' we strongly recommend you consult with your doctor to confirm they are happy for you to undertake exercise in the Gym.		
Health Commitment Statement	Your health is your responsibility. Be Well management and staff 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:		
	<ol style="list-style-type: none"> 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. If you tell us that you have a disability which puts you at a substantial disadvantage in accessing our equipment and facilities, we will consider what adjustments, if any, are reasonable for us to make. 		
	Your commitment to us:		
	<ol style="list-style-type: none"> You should not exercise beyond your own abilities. 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 get advice from relevant medical professionals and follow that advice. 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 unwell 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 to help you. If you have a disability, you must follow any reasonable instructions from your medical practitioner to allow you to exercise safely. We want you to enjoy your workout safely. 		
This statement is for guidance only. It is not a legally binding agreement between you and us and does not create any obligation which you or we must meet.			
Declaration	I acknowledge that I have read the above statement and I agree to adhere to the safety rules in place and will ask for guidance if required.		
	Signature: _____ Print: _____		
	Date: _____	Staff Name: _____	Staff Signature: _____
	If under 18 years a signature from parent/guardian is required		
	Signature: _____ Print: _____		
Date: _____ Staff Name: _____ Staff Signature: _____			