



ADULT PRE-EXERCISE SCREENING & GENERAL EXERCISE HISTORY FORM

This form does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Real Life Fitness Pty Ltd for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name:	Date of Birth:...../...../.....
Address:	
Ph:	Mob:.....
Male / Female	Date:...../...../.....
Email.....	
Emergency Contact Name:	Relationship to you:
Emergency Contact Phone:	

1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	YES	NO
2. Do you ever experience unexplained pains in your chest at rest or during physical activity / exercise?	YES	NO
3. Do you ever feel faint or have spells of dizziness during physical activity / exercise that causes you to lose balance?	YES	NO
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	YES	NO
5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	YES	NO
6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity / exercise?	YES	NO
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity / exercise?	YES	NO
If yes please specify:.....		

If you answered 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise.

If you already have your doctor's permission to exercise please sign:.....

If you answered 'NO' to all of the 7 questions, and you have no other concerns about your health please sign.....

Please note: For your safety and the safety of others you are not permitted to exercise at Real Life Fitness Pty Ltd under certain circumstances which include but are not limited to the following - open or weeping wounds, airborne infectious conditions, fever or flu.

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

GP Signature (where applicable):

Date:...../...../.....

RULES & REGULATIONS

- Maintain a healthy level of personal hygiene at all times.
- Use a towel at all times.
- Fully enclosed footwear must be worn at all times.
- A minimum of singlet or T-shirt is to be worn by males and crop top for females.
- Excessive inappropriate language is not permitted.
- Scan my identification tag upon entry to Real Life Fitness Pty Ltd whilst a member.
- In the case of an emergency staff at Real Life Fitness Pty Ltd may contact my nominated emergency contact.
- My application for membership may be rejected based on my answers on the exercise history.

PRIVACY STATEMENT

Real Life Fitness collects personal information including health information provided by you on the exercise history form as well as information provided by you on the membership contract and any other direct debit related forms. Personal information we collect about you may be combined with information that we obtain from our business parties or other third party sources such as your doctor who hold your consent to disclose your personal information to us in circumstances where it is lawful to do so. Your non-sensitive personal information may be used to contact you in the future with information on products and services via email or SMS.

DECLARATION

I acknowledge and agree that:

WARNING

When engaging in fitness programs and fitness classes accidents can happen which may result in me being injured or my death, I declare that I have voluntarily read and understood this warning. Exclusion of liability and release and indemnity and accept and assume the risk of injury from participating in fitness programs and fitness classes, including specific and particular activities which may be additional to those typically engaged in and participating in any other activity carried out by Real Life Fitness or it's fitness professionals.

EXCLUSION OF LIABILITY

Except to the extent that terms are implied into a contract for the sale of goods and services by the *Trade Practices Act 1974 (Cth)* or other legislation and cannot by contract be excluded, I agree that in consideration of being allowed to participate in fitness activities at Real Life Fitness and its directors, fitness professionals, employees, agents or contractors are absolved from all liability however arising from any injury or damage however caused (whether fatal or otherwise) due to any act of negligence to the fullest extent permitted by law (other than gross negligence), breach of duty, default and/or omission on the part of Real Life Fitness.

RELEASE AND INDEMNITY

In consideration of Real Life Fitness PTY LTD providing me with membership, which entitled me to engage in fitness activities of Real Life Fitness, I:

- (1) Release and forever discharge Real Life Fitness for all actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs and expenses however arising that I may have had but for this release arising from or in connection with my involvement in fitness activities of Real Life Fitness, and;
- (2) Indemnity Real Life Fitness to the extent permitted under the *Trade Practises Act 1074 (Cth)* or otherwise by law in repect of any actions, suits, proceedings, calims, demands, losses, damages, penalties, fines, costs and expenses, arising as a result of or in connection with my involvement in fitness activities of Real Life Fitness whether caused or contributed to, directly or indirectly by any act of negligence to the fullest extent permitted by law (other than gross negligence), breach of duty, default and / or omission on the part of Real Life Fitness.

FITNESS TO PARTICIPATE

I declare that I am medically and physically fit and free from impairment and able to participate in the fitness activities I have undertaken or will undertake.

I agree to abide by the rules and regulations of Real Life Fitness Pty Ltd as well as agree to the collecting of my personal information in the above manner stated:

Name:

Signature:

Date: / /

Office Use:

Membership Type:.....

Membership ID:.....