



STEVES GYM MEMBER DISCLAIMER

Name.....

Address.....

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Tel.....Email.....

Emergency contact & tel.....

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GP name, address & tel.....

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Membership

daily monthly 3 monthly 6 monthly yearly

VERY IMPORTANT- PLEASE READ BEFORE SIGNING

Before using any of the equipment you must sign below to agree that you have been shown how to use the machinery safely by a member of staff, or you can prove that you have previous knowledge and are capable of using it. It is your responsibility to train correctly and you do so at your own risk. Steves Gym is not liable for any injuries caused by improper use of the gym equipment.

I understand that exercise may be a risk to my physical health and safety if not done properly. I further understand that it is Steves Gym's recommendation that you consult a physician prior to using any equipment on the premises, engaging in any exercise program or activity, or undertaking any food or diet program, whether or not such program is recommended by Steves Gym. I understand that neither Steves Gym nor the advice of any member of the Steves Gym personnel is a substitute for medical advice.

Please read the questions carefully and answer each one honestly, circling the appropriate answer and adding information if necessary. Your responses will of course be kept in the strictest confidence.

Has your doctor ever said that you have had a heart problem?

No Yes

In the past month have you had any chest pain when...

You were doing any activity No Yes You were resting No Yes

Are you feeling unwell at present due to cold, etc

No Yes

Do you suffer from any bone or joint problems?

No Yes:

In the past year have you had any major illness or major surgery?

No Yes

Have you ever been diagnosed with...

Diabetes No Yes

Asthma No Yes

Epilepsy No Yes

Other probs No Yes

Are you currently taking medication for...

A heart condition No Yes

Any other problems No Yes

Are you pregnant?

No Yes

Have you recently had a baby?

No Yes how long ago

Do you ever...

Lose your balance because of dizziness or lose consciousness No Yes

If you have answered YES to one or more questions we may need to contact your doctor before you can start to exercise.

If your health changes so that you may then answer YES to any of these questions, tell a member of staff as soon as possible.

I have read, understood and completed this form.

Any questions that I had were answered to my full satisfaction.

Print name.....

Signed.....

Date.....

Witness name.....

Witness signature.....

Witness address.....

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