GET FIT

DAY PASS APPLICATION

PERSONAL DETAILS

Title		Phone Number	
First names		Email Address	
Surname		Gender	☐ Male ☐ Female
ID Number			

Emergency Contact Name: Emergency Contact Number:

DAY PASS - CARD PAYMENT

Date of Visit

	Y	N		Y	N
History of heart disease, chest pain, or stroke?	☐	☐	Muscle, joint, back, neck disorder, or any previous injury that may affect exercise?	☐	☐
High blood pressure?	☐	☐	Diabetes or thyroid condition?	☐	☐
Any chronic illness or medical condition?	☐	☐	Do you smoke or use tobacco products?	☐	☐
Difficulty with physical exercise?	☐	☐	Obesity (BMI greater than 30)?	☐	☐
Has a doctor advised you not to exercise?	☐	☐	Any hernia or condition aggravated by lifting weights or exercise?	☐	☐
Surgery within the last 12 months?	☐	☐	High cholesterol?	☐	☐
Pregnant (currently or within the last 3 months)?	☐	☐	Has a healthcare professional recommended supervised exercise?	☐	☐
History of breathing or lung problems?	☐	☐	Unexplained weight loss or loss of appetite?	☐	☐
Are you taking any medication or drugs?	☐	☐	Any other medical condition not listed above?	☐	☐
Faintness, dizziness, or frequent headaches?	☐	☐	Any other reason you should not participate in exercise?	☐	☐

GYM RULES:

- Follow all staff instructions.
- Use equipment correctly.
- Return equipment after use.
- Wipe equipment after use.
- No abusive behaviour.
- No smoking, vaping, alcohol, or illegal drugs.
- Exercise at your own risk.

BECOME A MEMBER

Get unlimited access to our gym for only R385 per month (No contracts)

WAIVER OF LIABILITY

I acknowledge that participation in exercise and the use of the gym facilities involve inherent risks, including the risk of injury, illness, disability or death.
I voluntarily participate in all activities and use the facilities entirely at my own risk.
To the fullest extent permitted by South African law, I release and hold harmless the gym, its owners, directors, management, employees, trainers and agents from any liability for injury, illness, death, loss or damage arising from my use of the facilities or participation in any activity, except where such loss or damage results from gross negligence or intentional misconduct.
The gym accepts no responsibility for the loss, theft or damage of personal belongings brought onto the premises.

DAY PASS MEMBER DECLARATION

☐ I confirm that:

The information provided in this Day Pass Application and Medical History Questionnaire is true and complete.
I have read, understood and agree to these Terms and Conditions/Gym rules.
I understand and accept the Medical Declaration and Waiver of Liability.
I agree to comply with all gym rules, policies and staff instructions.

Date Signature