

**Wodonga Student Association – Hangar Gym Membership application form**

Given name:	Family name:
Street	
Suburb	Postcode
Birth date	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred phone no.	E-mail
<input type="checkbox"/> Wodonga TAFE <input type="checkbox"/> La Trobe University <input type="checkbox"/> Other	

**Waiver**

I understand and agree that La Trobe University, Wodonga TAFE and the Wodonga Student Association Inc., their employees, agents and contractors have no liability in negligence, breach of contract or statute or statutory duty (including warranties implied by section 74 of the Trade Practices Act 1974 or by Part 2A of the Fair Trading Act 1999) to the undersigned for any personal injury or death arising in any way from the supply of recreational services by La Trobe University, Wodonga TAFE or by Wodonga Student Association Inc. Recreational services include, but are not limited to, activities organised and promoted by the Wodonga Student Association, affiliated clubs, events and activities organised by Wodonga Student Association Inc., the use of facilities at the Hangar Gym and any other sporting activities, leisure-time pursuits, and any other activity that involves a significant degree of physical exertion or physical risk; and is undertaken for the purposes of recreation, enjoyment or leisure.

**Warning under the Fair Trading Act 1999**

Under the provisions of the Fair Trading Act 1999 several conditions are implied into contracts for the supply of certain goods and services. These conditions mean that the supplier named on this form is required to ensure that the recreational services it supplies to you are:

- Rendered with due care and skill; and
- Are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances; and
- Reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made known to the supplier.

Under section 32N of the Fair Trading Act 1999, the supplier is entitled to ask you to agree that these conditions do not apply to you. If you sign this form, you will be agreeing that your right to sue the supplier under the Fair Trading Act 1999 if you are killed or injured because the services were not rendered with due care and skill or they were not reasonably fit for the purpose, are excluded, restricted or modified in the way set out in this form.

Note: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. "Gross negligence" is defined in the Fair Trading (Recreational Services) Regulations 2004.

**I have read and understood this Waiver and agree to be bound by it. I hereby apply to become a member of the Hangar Gym and undertake to abide by the rules of the Wodonga Student Association. I understand that I may revoke this application in writing at any time.**

Signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian is required if you are under 18

**Hangar Gym – pre-exercise assessment form**

Exercise is beneficial for health. Before you start exercising, please answer the questions on this form. This will help determine the medical advice that you require to maximise the benefit and minimise the risk.

**General information**

Emergency contact name	
Emergency contact number	
Doctor's name and contact	
Ambulance cover	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Part A

Please answer these questions as best you can. Everyone should complete Part A.

Have you ever had/do you have or are you on medication for:

Any form of heart problems: e.g. heart attack, angina, palpitations, bypass, pacemaker, heart valves, angioplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma, emphysema, bronchitis, or other lung problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatic fever or glandular fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arthritis or major injuries in the neck, back, ankles or knees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe vein disorders in the legs or feet, e.g. large varicose veins, ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pains in chest when resting or on exertion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Currently pregnant or up to six weeks after birthing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes with hypos more than twice a year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liver/kidney condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swollen feet or ankles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dizziness or fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eating disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If you answered yes to any of these questions and want to exercise here you will need to take this form to your doctor for clearance to exercise. Your doctor may write an exercise prescription for you advising either no exercise, low intensity/light exercise, or moderate intensity exercise. If you already have medical clearance to exercise please sign and date below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please attach details of medical conditions and medications or write on the back of this form.

### Part B

You should answer Part B if you intend to do vigorous physical activity.

Are any of the following true for you:

You are over 40 years old	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are a smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are considerably overweight	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You are not accustomed to moderate exercise such as brisk walking, slow swimming, social tennis etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You have been told by a health professional that you have high cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You have been told by a health professional that you have high blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the questions in Part B and you want to do vigorous exercise you will need to take this form to your doctor for clearance to exercise, or if you already have medical clearance to exercise please sign and date below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please attach any details of medical conditions and medications or write of the back.

### Everyone should read the following statement carefully and sign below:

I have answered the questions to the best of my ability. I understand that Wodonga Student Association Inc cannot give me medical advice with regard to my medical fitness to exercise. I will tell Wodonga Student Association Inc immediately if my health situation should change from above. I will tell Wodonga Student Association Inc and consult with my GP if I want to try an exercise at a different intensity from what I am doing now.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_